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| Name |  |
| Year |  |
| Tutor group |  |

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| What problem or worry would you like support with? |
| How long have the you been experiencing this problem or worry? |

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| Are your parents/carers aware that you are requesting support?  \*Year 7 to 11 parents/carers do not need to be involved in the counselling or ELSA work but they do need to be aware that you are seeing the School Counsellor or ELSA. |

Student signature……………………………………………………………………… Date………………………………………………

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