**School Counselling and ELSA Referral Form**

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| Name of student |  |
| If not self-referral name of staff/parent making the referral |  |
| Please confirm the student is aware of the referral | Y/N |
| Year |  |
| Age |  |
| Tutor Group |  |
| Student school email address **(NB contact will be via email)** |  |

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| Reason for referral? |
|  |
| How long have you been feeling like this? |
| Are you 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 award that you are seeing the School Counsellor or ELSA.  Please note counselling sessions are confidential – however, these can be breached if any concerns of serious risks of harm to the client or someone else are mentioned. |

Student signature:

Parent signature: (if aware of referral & giving permission for counselling)

Date:

Please hand completed forms into your House Head Office, to the School Counsellor in room E132 or to email hperkins@stbarts.co.uk