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| Confidential Request Form | | |
| Organisation: | Address: | Telephone number: |
| Level of urgency (1-low and 10-high) | Date of referral: | Young person’s name: |
| Date of birth & year group: | Male/ female | Referrer: |
| Reason for referral: | | |

Please endeavour to complete as much information as possible, as this will enable the young person to be assessed as soon as possible. For the purpose of confidentiality please inform the young person that this referral is being made and what information is being given. The information given may be shared with the Counsellor Co-ordinator and Clinical Supervisor.

1. What is your cause for concern?

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1. Any relevant information about the student’s background or significant life events?

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1. How is student functioning in school (academically/socially/behaviourally)?

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1. Have you discussed the possibility of counselling with the student? What was his/her reaction?

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1. How do you hope counselling might help this student?

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1. Are the student’ parents aware of this approach? What is their reaction?

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1. Are you aware of other professional involvement with this student?

Please tick:

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| Social Services | School Health Advisor | YOT | Youth Access | Educational Psychologist |
| G.P Surgeries | Mental Health services | CAMHS | Other (please specify) | |

Please tick ¨ Social Services ¨ School Health Advisor ¨ YOT ¨ Youth Access ¨ Educational Psychologist ¨ EWO ¨ G.P. Surgeries ¨ Primary Mental Health ¨ Other (please specify)