

## REFERRAL FORM

Name:..... DOB:..... Age:..... Male/Female

Address (incl. postcode).....

Tel (incl. mobile):..... Is Young Person (YP) aware of referral? Yes / No

Name of legal guardian:..... YP school email address: .....

Address of legal guardian:.....

Gillick competent? Yes / No Disability: Yes / No .....

Social Worker Yes / No Name: ..... Tel: .....

Are the main carer/ guardian aware of this referral? Yes / No

Can we discuss this referral with the above carer / guardian? Yes / No

Is the YP looked after by the Local Authority? Yes / No

Medications taken by the YP (if applicable): .....

Any allergies that the School Counsellor should be aware of? Yes / No .....

Family Doctor: ..... Tel: .....

School Year/Class:..... Form Teacher:.....

### **Comments by Referrer:**

1) Why have you referred this YP? **(Please be specific)**

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2) What school/other interventions has this YP had before referral to counselling? (e.g. SAP, mentoring, behaviour support etc.) What was the outcome?

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3) Has the school followed LEI Policy/Guidelines first? (e.g. Bullying, Self-harm/Suicide) Yes / No / NA **(Please outline)**

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4) Has the YP seen their GP? Yes / No / NA If 'Yes', what was the outcome?

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5) Any relevant information on pupil's background or life events?

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6) How is the pupil functioning in school?

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Please indicate (X) the involvement of any of the following services with this YP.

Name of Service	Past	Current	N/A	What was the outcome of their involvement?
School Nurse				
EWO				
Behaviour Support				
Ed. Psychology				
GP				
PCMHS/CAMHS				
Social Services				
Other				
Other				

### RISK ASSESSMENT OF YP (This section must be completed)

Risk of Harm to **SELF?** Yes / No (If yes, what action has been taken?)

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 .....

Risk of Harm to **OTHERS?** (e.g. students, staff, family etc.) Yes / No

.....  
 .....

What **action** has been taken/ needs to be taken?

.....  
 .....

### Referrer Details:

Name: ..... School/Agency: .....

Address: ..... Postcode: .....

Tel: ..... Email: .....

Job Title (incl. your relationship to this YP) .....

Signature: .....

Date of Referral: .....

Educational Psychology Service - School Based Counselling Team  
 Caerphilly Borough Council

Learning, Education & Inclusion