



Llywodraeth Cymru
Welsh Government

SCHOOL BASED COUNSELLING SERVICE

PARENTAL CONSENT SLIP

I agree to my child.....(name)

School/ Class.....

meeting with the school counsellor for a series of counselling sessions.

I have received a leaflet and information about the counselling service.

Name of legal guardian:

Signature:

Date:

Educational Psychology Service - School Based Counselling Team
Caerphilly County Borough Council
Learning, Education & Inclusion
Penallta House, Tredomen Park, Ystrad Mynach, Hengoed CF82 7PG



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