



SCHOOL BASED COUNSELLING SERVICE



PRIMARY REFERRAL FORM

SCHOOL: .....

CONTACT NUMBER.....

Reason for counselling request (please tick) PLEASE TICK ONE

Bullying

Bereavement/Family Illness

Separation/Divorce

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

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)

.....

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

.....

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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.....

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6) How is the pupil functioning in school?

.....

.....

.....

**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				

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

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

.....

.....

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

.....

.....

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

.....

.....

I..... give permission for my child to see the School Based Counsellor for an assessment and any subsequent sessions.

Parent / Carer Signature:.....Date:.....

School Staff Signature:..... Date: .....

REFERRED BY (Print Name):..... DATE.....

PLEASE COMPLETE AND SIGN ALL SECTIONS OF THE REFERRAL FORM, OTHERWISE THIS WILL DELAY IN THE YOUNG PERSON BEING SEEN BY THE COUNSELLING SERVICE.

Referrals may be emailed to: - [schoolcounselling@caerphilly.gov.uk](mailto:schoolcounselling@caerphilly.gov.uk)

SUMMARY PRIVACY NOTICE

Caerphilly County Borough Council, School-based Counselling Service processes requests that we receive for school-based counselling support. These requests can be self-referrals from pupils, school referrals or referrals from outside agencies (such as Health). As part of our assessment process, we collect identifiable information (your name, date of birth, address, telephone number, GP details, school name etc.) and the information that either you or your school have provided us with on the school-based counselling referral form (e.g., reason for referral).

We also keep the records that we make of the counselling sessions. Your personal data (the information that we collect) is stored confidentially on our secure servers. How long Caerphilly County Borough Council retains information is determined through statutory requirements or best practice. Information about you will not be released to others without your consent except; where the law requires disclosure, where the counsellor perceives that there is a risk of serious harm to you or to others, if you disclose a serious crime, or if acts of terrorism are disclosed. You have a number of rights in relation to the information that we collect, including the right of access to information we hold about you and the right of complaint if you are unhappy with the way your information is being processed. Further information on how we process your information and your rights can be provided upon request.

**This form is also available in Welsh. It is also available in other languages or formats on request.**