

REFERRAL FORM

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)**

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

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3) What current school based / other interventions are in place?

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

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

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

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7) 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 Based Intervention				
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?)

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

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

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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

Penallta House, Tredomen Park, Ystrad Mynach, Hengoed CF82 7PG

Please email referral form to:

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.