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|  | **Date of Referral:** |
| **Name:**  |
| **Date of Birth:** | **Gender** |
| **Ethnicity:**  | **Hapu/Iwi** |
| **Parents/caregivers:** |
| **Phone Contact:** | **Email:** |

**Is the parent/caregiver happy for the counsellor to leave a message? YES/NO**

**Is the parent/caregiver happy for the counsellor to contact via text? YES/NO**

**Kura/School Information:**

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| **Kura/School:** |
| **Kaiako/teacher:** | **Classroom:** |
| **Email:** | **Year:** |
| **National Student Number (NSN)\*:** |

*\*This will be used for statistical purposes only.*

**Does the tamaiti/child receive support from other services within the school or community?**
e.g Teacher Aide, Social Worker in Schools

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| If yes, please detail below: |

**Reason for Referral:**

E.g: what are your presenting concerns for this tamaiti/child? How are these concerns affecting their daily life? What supports do you think would be helpful?

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| **Referrers name:** |
| **Relationship to tamaiti/child:** |

**Consent and Participation Agreement:**

*(if you are completing this on behalf of the whanau/family please discuss with them and gain their consent).*

I/we \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give consent for the above name tamaiti/child to attend the Counselling within Schools programme.

I/we understand that my tamaiti/child’s sessions with the counsellor are kept confidential, unless the counsellor believes there is risk for the tamaiti/child’s wellbeing and/or the wellbeing of others.

Skylight’s philosophy is that counselling outcomes are better for the tamariki/child(ren) when the whānau/family are involved. Your participation and support is important. This may include whānau/family sessions or sharing of strategies to support your child.

**If it would benefit your tamariki/child for the counsellor to korero with another service they are involved with, do you give your permission? YES/NO**

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| **Parent/Caregiver:** |  |
| **Date:** |  |

**Please email the completed form to Vonnie at - vonnie.marshall@skylight.org.nz**