



St Patrick's Primary School

Primary School Counselling

Parent/Guardian/Carer Referral and Consent Form

Details of Student

Name of student: _____ D.O.B: _____

Is the child of Aboriginal and/or Torres Strait Island Origin? (please circle)

No Yes – Aboriginal Yes – Torres Strait Islander Yes – both Aboriginal and Torres Strait Islander

Teacher's Name: _____ Year level: _____

Are you aware of any of the following in relation to your child or family? (please circle)

Family Court Proceedings Family and Community Services (FACS) and/or Department of Child Safety involvement Domestic and Family Violence Protection Orders

Reason for Referral/Concerns

Are you aware of any past or present stressors that may be impacting on your child's well-being?

We provide a short-term focused intervention. What do you think would be most helpful for your child to work on?



St Patrick's Primary School

Name of person filling in the form:

Name: _____

Relationship to Child: _____

Contact Details: (Phone, Email):

Are you the parent or legal guardian of the child identified in this form?

YES / NO

If *no*, please specify the name and contact details of the legal guardian:

Parent/Guardian/Carer 1:

Name:

Relationship to Child:

Contact Details: (Phone, Email):

Parent/Guardian/Carer 2:

Name:

Relationship to Child:

Contact Details: (Phone, Email):

Where there are two or more parents or guardians, the school only requires the written consent of **ONE** parent guardian, **UNLESS** the parents have advised the school that they must both consent to any matter relating to the child **OR** there are any court orders or other legal documents or direction states that both parents must consent to matters relating to the student.

Please circle:

- | | | |
|---|-----|----|
| 1. Do both parents/guardians consent to the counselling referral? | YES | NO |
| 2. (a) Are parents/guardians separated? | YES | NO |
| (b) If yes, do Family Court Orders/Protection Orders/Parenting Plans exist? | YES | NO |

Note: Parent/Guardian Consent (if the answer to **question 1 is yes**, and **question 2 (a) is no**, **one signature is sufficient**).

If the answer to **question 1 is yes**, and **question 2 (a) is yes**, and one signature is provided below, verbal consent from the non-signing parent/guardian will be sought).



St Patrick's Primary School

In signing this, I also acknowledge that I have read and understood the information provided (*Counselling Information for Parents/Carers Letter*) about the school counselling service as well as the limitations to confidentiality. I understand that once given, my consent will remain current for the school year or until it is withdrawn by me in writing (email accepted).

I, _____ (Parent/Guardian/Carer) consent to the school counsellor providing services to _____ (student's name).

Signature: _____ Date: _____

I, _____ (Parent/Guardian/Carer) consent to the school counsellor providing services to _____ (student's name).

Signature: _____ Date: _____

Thank you for completing this referral form.