



WELLBEING REFERRAL FORM

For completion by **PARENT / CAREGIVER / TEACHER**

Student's Name: _____

Date of Birth: ____/____/____

Year Level: _____

Date of Referral: ____/____/____

Reason for Referral:

- | | |
|---|--|
| <input type="checkbox"/> Family circumstances | <input type="checkbox"/> School Attendance |
| <input type="checkbox"/> Behaviour | <input type="checkbox"/> Mental/Emotional Health |
| <input type="checkbox"/> Peer Relations | <input type="checkbox"/> Academic Performance |
| | <input type="checkbox"/> Other..... |

What concerns do you have?

Previous assessments: e.g. by Dr, Psychologist, Speech Therapist (please attach copies of reports)

What are your child's/young person's strengths?

What do you hope will happen as a result of this referral?

<p>What is the child or young person doing? (eg not following instruction at home or school, getting into conflict with others)</p>	
<p>What is/might the child or young person be feeling? (eg sad, angry, anxious)</p>	
<p>What is/might the child or young person be thinking? (eg I'm missing my family, or nobody understands me)</p>	
<p>What learning areas are being affected? (eg difficulty concentrating)</p>	
<p>What behaviours are being affected? (eg withdrawing from friends)</p>	
<p>What social areas are being affected? (eg avoids group situations)</p>	
<p>When and where do these concerns/events occur? (one setting or multiple settings)</p>	

Privacy and confidentiality

This information is being obtained to assist the School in providing support for your child. Your privacy and the information provided in counselling sessions are protected at all times. The School Counsellor is registered with the Australian Counselling Association (ACC) and it is a requirement that all counsellors follow strict guidelines for professional conduct in line with the Australian Privacy Principles (APPs) and the ACA Code of Ethics and Practice.

Counselling information is retained to document what happens during sessions and enables the counsellor to provide a relevant and informed service.

Limits to confidentiality

All personal and counselling information gathered by the School Counsellor/Chaplain during the provision of the service will remain confidential except when:

- 1) It is subpoenaed by a court; or
- 2) Failure to disclose the information would, in the reasonable belief of Richmond Christian College, place you or another person at serious risk to life, health, or safety; or
- 3) Your prior approval has been obtained to:
 - a) provide a written report to another professional or agency. e.g. GP, school or a lawyer; or
 - b) discuss the material with another person, e.g. a parent, teacher or health provider; or
 - c) disclose the information in another way; or
- 4) You would reasonably expect your personal information to be disclosed to another professional or agency (e.g. your GP) and disclosure of your personal information to that third party is for a purpose which is directly related to the primary purpose for which your personal information was collected; or
- 5) Disclosure is otherwise required or authorised by law; or
- 6) When consulting with colleagues for advice, or in the course of professional supervision, where necessary for the provision of support.

I have read the Privacy and Confidentiality Notice and give permission for the School Counsellor/ School Chaplain to carry out assessment and counselling as required and to contact and exchange information with external support agencies as necessary.

Parent name: _____ Mobile: _____

Parent/caregiver's signature: _____ Date: __/__/____

Office use only

Deputy Principal/Head of School comments and recommendations:

Authorised Staff Signature: _____ Date: _____