

Awhi Mai Awhi Atu - Counselling Referral Form

Date of Referral:

Date of Birth:		Gender		
Ethnicity:		Hapu/Iwi		
Parents/caregivers:				
Phone Contact:	Email:	Email:		
Is the parent/caregiver happy for the counsello	or to leave a	message? YES/NO		
Is the parent/caregiver happy for the counsellor to contact via text? YES/NO				
Kura/School Information:				
Kura/School:				
Kaiako/teacher:	Classroom	Classroom:		
Email:	Year:	Year:		
National Student Number (NSN)*:	•			
*This will be used for statistical purposes only.				
*This will be used for statistical purposes only. Does the tamaiti/child receive support for community? e.g Teacher Aide, Social Worker in Schools If yes, please detail below:	from other	r services within the school o		



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Referrers name:		
Relationship to tamaiti/o	hild:	
(Consent and Participation Agreemen	t:
(if you are completing this their consent).	on behalf of the whanau/family please dis	cuss with them and gain
I/we	give consent for the above	name tamaiti/child to
attend the Counselling wit	hin Schools programme.	
•	amaiti/child's sessions with the counsellor eves there is risk for the tamaiti/child's well	•
Skylight's philosophy is the	at counselling outcomes are better for the t	tamariki/child(ren) when
	olved. Your participation and support is in	
whānau/family sessions or	r sharing of strategies to support your child	l.
If it would benefit your ta	mariki/child for the counsellor to korero v	vith another service they
are involved with, do you	-	YES/NO
1		
Parent/Caregiver:		
Date:		

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