Awhi Mai Awhi Atu - Counselling Referral Form

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:

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

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

Parent/Caregiver:	
Date:	

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