



WILLIAM HARDING SCHOOL
Aim high... Work hard... Be kind...

WILLIAM HARDING SCHOOL

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Website: www.williamhardingschool.co.uk

Head Teacher: Miss T Cotchin BA(Hons) PGCE NPQH

School Counselling Referral Form (Confidential)

Name of Student:		
Class/Year Group:		
Name of referrer and relation to student.		
Reasons for referral to the school counselling service <i>Indicate by ticking boxes</i>		
Anxiety	<input type="checkbox"/>	Stress/ Exam stress
Anger Management	<input type="checkbox"/>	Low Mood
Substance Misuse	<input type="checkbox"/>	Bereavement
Abuse – Physical	<input type="checkbox"/>	Abuse – Emotional
Eating Disorder	<input type="checkbox"/>	Divorce / Separation
Sexuality	<input type="checkbox"/>	Bullying
		Self-Harm
		Friendship Issues
		Family issues
		Abuse – Sexual
		Addictions
		Other
<p>If you ticked OTHER, please specify -</p> <p>Any information you would like the school counsellor to know in regards to the reasons above.</p>		

Our School Values are: Inclusion, Perseverance, Honesty, Respect, Responsibility and Collaboration.



Support already given by the school or other outside agencies?	
Are you seeking support from CAMHS / awaiting to be seen by CAMHS?	
Any medical conditions / disabilities we need to be aware of?	
How urgent is this referral?	
Parent/ Carer consent Y/N	
Has the student Given consent?	
Method of contact for initial session <i>Please leave either an email address we can contact you on or the name of a trusted member of staff.</i>	

Thank you for your referral to the school counselling service. We will be in touch via the method of contact listed above as soon as there is a space available to be seen.

Please be aware that once your referral has been processed, your child's Year Leader, SLT, Mrs Skinner (Inclusion, Pastoral and Safeguarding Lead) & Mrs Bone (Safeguarding Officer) will be aware you are seeking support for your child from counselling.

School Counsellor – Mrs Sarah Pacelli

spacelli@williamharding.school

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