**School Counselling Self-Referral Form**

*Please ensure that the student completes this form so that it represents their experience*

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| **Student name:**  | **Form:**  | **Date:** |
| **Please tell us a bit about how you’re feeling/ what is happening:** |
| **How long has this been going on?** |
| **How do you think counselling might be able to help you?** |
| **Have you accessed any support before, either in or out of school?** |
| **Are there currently any other agencies supporting you?** |
| **Your immediate safety is our priority and so we must ask you whether you have had any thoughts about hurting yourself and whether you have acted on these either recently or in the past?***Please let us know as much about this as you feel able to, understanding that we may need to share information that puts you (or others) at risk of harm.* |
| **Are your parent(s)/carer(s) aware that you are seeking school counselling? Yes/No***You don’t necessarily need to have their permission, but if the answer is ‘no’, could you explain why?* *If you are under the age of 13, we are required to get parental/carer consent.* |
| **We understand that privacy and being discreet is important. Are you happy for the school counsellor to approach you directly to discuss your referral, this may mean finding you during form time or a lesson? Yes/No** |
| **Anything else you’d like to add?** |

***Thank you for completing this form, please send it back to your Assistant Head of Year***

 ***(You can do so in a sealed envelope if you prefer).***