

## REFERRAL FORM FOR COUNSELLING

Student Name: \_\_\_\_\_

Class: \_\_\_\_\_ Date: \_\_\_\_\_

Area of Concern: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Permission

This Referral is being requested by:

- the Student
- the Parental/Caregiver

If parent permission has been given via email please attach a copy of the email to this sheet.

I/we would like to contact:

- David Schmidt      Counsellor/ College Pastor
- Karen Cronje      Junior Campus Counsellor
- Sioban Laffey      Psychologist

Please note that if you wish to see Sioban, additional information will be sent to you regarding booking, referrals, and payment.

### Office Use Only

- The preferred counsellor was contacted:  
\_\_\_\_\_
- A session has been booked for:  
\_\_\_\_\_
- Information has been entered into the database.

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