

REFERRAL FORM FOR COUNSELLING OR CHAPLAINCY SERVICES

Student Name: _____

Class: _____ Date: _____

Area/s 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.

Please return this form to your Campus Reception, attention to:
 Mrs Anne-Marie Schmidt (for Junior Campus students)
 Mrs Libby Farmer (for Senior Campus students)

Office Use Only

- The preferred counsellor was contacted: _____
 A session has been booked for: _____ The database has been updated.

Junior Campus
 Kindy – Year 6
 20 Rogers Parade West
 Everton Park QLD 4053

Senior Campus
 Year 7 – Year 12
 25 Henderson Road
 Everton Hills QLD 4053

P +61 7 3872 5700

P +61 7 3872 5600

E school@princeofpeace.qld.edu.au **W** www.princeofpeace.qld.edu.au **ABN** No. 55 716 243 279

Nurturing God-given potential