

**SCHOOL STUDENT AND FAMILY PROGRAM
INTAKE REFERRAL and INFORMED CONSENT FORM
K TO 12**

Dear Students and Families,

We hope that during these unprecedented and changing times you are managing to stay safe and well.

The School Student and Family Program would like to reassure you that CatholicCare will continue to provide school counselling services to the school community. In view of the requirements for social distancing and the volume of students who are staying at home we are currently engaging with the options of phone or online video counselling.

In order to be able to provide remote services, it is necessary for:

- Parents/Carers to provide a contact phone number; and,
- Students 14 years and over to provide their student **dow** email address and, if they wish to do so, a contact phone number.

As indicated in the attached form, by providing these you are giving consent to be contacted via email, phone or video conferencing.

Once the referral has been allocated to the School Counsellor, they will be in contact to organise an initial assessment.

If you have any questions or concerns, please contact your School Counsellor by:

- Email - via your School Administration, Year Coordinator or Pastoral Care Staff and provide contact details for Counsellors to call;
- Phone - Contact School Counsellor via the School Administration office; or,
- Phone CatholicCare on **4254 9395** and leave a message for the School Counsellor to return your call (ensure you leave your personal contact details and the name of your school).

We hope you and your loved ones are safe and well during these uncertain times.

Warm regards,

School Student and Family Program

CatholicCare

NB: This is not a crisis service. Should you require immediate assistance or support, please consider contacting the following services:

- Lifeline Australia – ph. 13 11 14 www.lifeline.org.au
- Suicide Call Back Service – ph. 1300 659 467 www.suicidecallbackservice.org.au
- NSW Mental Health Line – ph. 1800 011 511
- NSW Domestic Violence Line – ph. 1800 656 463

**SCHOOL STUDENT AND FAMILY PROGRAM
INTAKE REFERRAL FORM
K TO 12**



Please complete the **appropriate information relevant to your role** in relation to the student. We provide the option to discuss concerns in person with the School Student & Family Counsellor if you feel uncomfortable documenting information

Referral Source:	Student <input type="checkbox"/> Principal <input type="checkbox"/> Pastoral/Year Coordinator <input type="checkbox"/> Parents/Caregiver <input type="checkbox"/> Teachers <input type="checkbox"/>
Referrer Name:	
Date Referred:	
Date Opened:	

Student Name:			
DOB:		Year/Class	
Previous School:			
Residential Address:			
Contact Numbers:			
Student Email Address	(only for students 14 and above):		
Does the Student have a disability/diverse learning need?	YES <input type="checkbox"/>		NO <input type="checkbox"/>
Cultural Background:	CALD <input type="checkbox"/>	ABORIGINAL & TORRES STRAIGHT ISLANDER <input type="checkbox"/>	REFUGEE <input type="checkbox"/> N/A <input type="checkbox"/>
Is English the Students first language?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If not please specify

PARENTAL/GUARDIAN/CARER DETAILS:

Full Name:		Full Name:	
Relationship:		Relationship:	
Residential Address:		Residential Address:	
Contact Numbers		Contact Numbers	
Email Address:		Email Address:	
Country of Birth:		Country of Birth:	

Living Arrangements:

- | | |
|-------------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> With Parents | <input type="checkbox"/> Parent's Separated: With Mum |
| <input type="checkbox"/> Parent's Separated: With Dad | <input type="checkbox"/> Parent's Separated: Dual Care |
| <input type="checkbox"/> With Next of Kin | <input type="checkbox"/> With Out of Home Care |
| <input type="checkbox"/> Other Please Specify: _____ | |

Referral Reason

PLEASE RANK URGENCY FOR COUNSELLING:



Please note a rating of 9-10 is for CRISIS – Needs to be seen ASAP (Significant risk of harm issues)

Has counselling been discussed with the student?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	UNKNOWN <input type="checkbox"/>
Does the parent/guardian know that the student has been referred?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	UNKNOWN <input type="checkbox"/>
Has the Student previously received school based or external counselling?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	UNKNOWN <input type="checkbox"/>

Provide Details of Previous Student Counselling (if any):

Is the Student Currently or Recently Engaged with any External Services	YES <input type="checkbox"/>	NO <input type="checkbox"/>	UNKNOWN <input type="checkbox"/>

What outcomes would you like to see from Counselling? (COUNSELLING GOALS)

Please tick all relevant boxes:

GENERAL PRESENTING ISSUES

- | | |
|------------------------------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> Anger/Aggression | <input type="checkbox"/> Behaviour Support |
| <input type="checkbox"/> Body Image | <input type="checkbox"/> Bullying – Physical, Verbal, Cyber |
| <input type="checkbox"/> Concentration/Motivation | <input type="checkbox"/> Cultural Issues |
| <input type="checkbox"/> Developmental Issues | <input type="checkbox"/> Emotional Regulation |
| <input type="checkbox"/> Esteem/Confidence | <input type="checkbox"/> Family Breakdown |
| <input type="checkbox"/> Family Relationships | <input type="checkbox"/> Gambling |
| <input type="checkbox"/> Grief/Loss | <input type="checkbox"/> Intimate Relationships (Girlfriends/Boyfriends) |
| <input type="checkbox"/> Mental Illness (Family/Other) | <input type="checkbox"/> Peer Relationships |
| <input type="checkbox"/> School Disengagement | <input type="checkbox"/> Self-Harm |
| <input type="checkbox"/> Sexuality/Gender Identity | <input type="checkbox"/> Sleep Difficulties |
| <input type="checkbox"/> Social Skills | <input type="checkbox"/> Stress |
| <input type="checkbox"/> Study/Time Management | <input type="checkbox"/> Symptoms of Anxiety |
| <input type="checkbox"/> Symptoms of Depression | <input type="checkbox"/> Teacher Relationships |
| <input type="checkbox"/> Technology Issues (Gaming/Social Media) | <input type="checkbox"/> Other |

Please Specify: _____

COMPLEX ISSUES:

- | | |
|---------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Accommodation/Homelessness | <input type="checkbox"/> Eating Disorder |
| <input type="checkbox"/> Emotional/Psychological Abuse | <input type="checkbox"/> Family Violence |
| <input type="checkbox"/> Mental Illness (Self) | <input type="checkbox"/> Neglect |
| <input type="checkbox"/> Physical Abuse | <input type="checkbox"/> Physical Health (Self) |
| <input type="checkbox"/> Physical Health (Family/Other) | <input type="checkbox"/> Police/Legal |
| <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Refugee |
| <input type="checkbox"/> School Critical Incident | <input type="checkbox"/> Sexual Abuse |
| <input type="checkbox"/> Sexualised Behaviour | <input type="checkbox"/> Substance Abuse (Family/Other) |
| <input type="checkbox"/> Substance Abuse (Self) | <input type="checkbox"/> Suicide Attempt (Self) |
| <input type="checkbox"/> Suicide Attempt (Other) | <input type="checkbox"/> Suicide Ideation (Current) |
| <input type="checkbox"/> Suicide Attempt (Historic) | <input type="checkbox"/> Trauma |
| | <input type="checkbox"/> Other |

Please Specify: _____

STRENGTHS/SOLUTIONS/ACTIONS

What are the Students Strengths/Positive qualities?

What Strategies have been effective/ineffective in dealing with the Student's difficulties?

What actions/interventions have been taken to address the student's difficulties?		
Are there any current plans for the student?	YES <input type="checkbox"/>	NO <input type="checkbox"/> NOT SURE <input type="checkbox"/>
Please Document any current Support Plans for the Student		

PLEASE ATTACH ANY ADDITIONAL RELEVANT INFORMATION

INFORMED CONSENT FORM

Some important information about school counselling:

- To achieve the best possible outcome, everyone involved treats each other with respect;
- School Counsellors obtain and record some personal information about students and their families, to help provide appropriate support;
- This information is kept on our confidential database;
- School Counsellors will only share information about students with their parents/carers, select school staff or external support services when:
 - *Sharing Information needs to occur to support the safety, wellbeing and welfare of a student;*
 - *A student is at risk of significant harm to themselves or others;*
 - *A disclosure of student pregnancy; or,*
 - *If subpoenaed by the Court;*
- Wherever possible, School Counsellors will seek the consent of the student and/or parent/carer before sharing information and discuss how this information is shared;
- Students and School Counsellors together set goals for counselling, decide how often they will meet and the length of the sessions. In some cases, parents/carers and/or school staff will also be involved in goal setting; and,
- In order to provide a high-quality service, parents/carers are encouraged to give feedback by way of compliments, complaints or suggestions on the support provided.

Please NOTE the following:

- **Consent for students 14 years and under MUST be obtained from the parents/carers; and,**
- **School staff completing the form on behalf of a student 14 years and over must discuss and obtain informed consent prior to the referral being given to the school counsellor.**

By Ticking this box, I:

- Acknowledge that I have read and understood the Informed Consent Form (above);
- Agree and consent to the terms of the Informed Consent Form; and,
- Agree and consent to engage in school counselling.

Parent/Caregiver		Date	
Parent/Caregiver		Date	
Student		Date	