



Date of Referral:

Referral Form

Please Place a 'X'

1. Who Is Completing This Form?

<input type="checkbox"/>	I am a pupil referring myself
<input type="checkbox"/>	I am a parent/guardian or teacher/school contact

2. Pupil Name:

3. Pupil Surname:

4. Date of Birth:

5. Gender:

6. School:

7. Year Group:

8. Medical History/
Diagnosis (if any):

9. Please share why
you wish to be referred?

10. Please Enter C2K Email Address:

11. Address:

12. Postcode:

13. Contact Number:

14. Parent/Guardian Name:

15. Parent/Guardian Contact Number:

We only need this in case of emergencies

Referrer Details:

Only complete this section if you are not a pupil

16. Referrer Name:

17. Relationship to Pupil:

18. Referrer Phone No:

19. Pupil consented to counselling:

Is a parental consent form required:
If yes, has this been received?

20. Has pupil attended
counselling before:

21. Are there any Safeguarding or
risks that have been identified:

22. If yes, please give details:

23. Any other services
involved with this pupil:

24. Any other information: