

Counselling Self-referral Form

Date:

Your Name:

Age:

Name of Guidance Teacher:

Year:

Date of Birth:

Does either of your parents/carers know about this referral?

Yes/No

Who?

Your preferred Email (this is generally how we will contact you. If you don't use email your guidance teacher will contact you. *Please write clearly*):

Reason for Referral/what do you hope to gain from counselling?

Do you have a preference for which counsellor you see?

Are you involved with any other supports within the school or outwith? (eg: Pupil Support, Social Work, CAMHS, Nurture Group, Mrs Scott, PC Harrower, Small Steps etc)

Please send this form to your Guidance Teacher or to the School Counsellors@

marrcounsellors@south-ayrshire.gov.uk

If you send direct to the counsellors, your guidance teacher will be notified that you have made a counselling referral but not the content of the referral. If you are under 16 your guidance teacher will then notify your parents/carers that you have made a counselling referral but not the content of the referral.

If you really don't want your parents/carers notified, this is something you and your counsellor can discuss in your first session.

If it is urgent please speak to someone asap and/or see or call supports on School Health & Wellbeing pages: <http://www.marr.sayr.sch.uk/mental-health--wellbeing.html>