



School Counsellor Referral Form

School Counselling

This year Dominican School will be employing Lisa Osborne as a School Counsellor who will be on-site in this role every Wednesday.

Lisa is a qualified counsellor, who will work together in respectful partnerships with students, teachers, and parents with the aim of enhancing students' social and emotional wellbeing, empowering and building on individual strengths. Counselling is child-focused and informed by the needs, goals, and developmental stage of each child.

It is a voluntary process that can take place individually, together with the family, or with small groups of students. The service offers support, information, or referral for a whole range of issues that may impact a student's wellbeing such as anxiety / depression, social skills development, grief and loss, family issues, friendships, abuse amongst others.

Confidentiality

School Counsellors work with the understanding that children, young people and their families have a right to confidentiality and privacy. A student's right to confidentiality is paramount except where the student's safety is of concern.

School Counsellors are legally required to report suspected child abuse or neglect, intentions of harm to others or self, or any threats to safety or life.

Privacy and Security of Personal Information:

School Counsellors are committed to the protection and security of all personal information collected during the counselling process. Strict guidelines ensure that information received is used only for the purpose for which it was intended.

Consent

Any counselling with a student is done so with their consent, and for primary school students, parent consent is also necessary prior to support commencing.

Referral Process

Referrals to the School Counsellor can be made by students, parents, teachers or school staff by completing the referral form and providing it to the front office or by emailing the School Counsellor direct on losborne@dominican.catholic.edu.au



**Dominican School
Semaphore
School Counsellor Referral Form**

Name of person making this referral:	Relationship to the child:
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CHILD INFORMATION

Name	Date of Birth
Class / Teacher	Aboriginal / Torres Strait Islander Y N
Cultural Background / Any language or communication needs?	
Reasons for the referral	Goals for the support / outcomes
Any other services / supports in place	Any safety concerns
Any formally identified conditions or prescribed medications used	

PARENT / CAREGIVER DETAILS

Parent / Caregiver 1	Parent / Caregiver 2
Name	Name
Phone	Phone
Email	Email

CONSENT

Name of parent / carer providing consent NOTE: (one parent/caregiver's consent is sufficient unless court orders indicate otherwise)
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Do you provide consent for your child to receive counselling if needed? YES NO

Signature	Date
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