

Counsellor Self-Referral Form

Date:

Student Name	Mentor Group	Year group

Please indicate your availability on Tuesday/Wednesday _____

Reason for referral (please tick)

Emotional/friendship issues		Home situation/conflict/financial	
Anxiety		Bullying	
Low Self-esteem/confidence		Family Issues/conflict	
Low mood		Bereavement	
Self-harm		Medical/SEN	
Suicidal thoughts		School/exam stress	
Attendance		EAL	

Please explain the background to the problem/what you would like to explore in counselling

Counselling sessions are 50 minutes and are held weekly or fortnightly. Sessions provide a time and safe space to explore how you are feeling and what challenges you have faced/are dealing with currently. Sessions are confidential and you determine what is discussed, approximately 10 sessions will be offered.

When your referral has been received, you will receive an email to arrange a time to meet. This meeting will be to talk through how you are feeling, complete paperwork and plan your support going forward.

Once completed please hand in to the sixth form office or email directly to counsellor-
L.Mitchell@finhampark.co.uk (nb. Only the counsellor and Sixth form staff will read
 this form).