**Counsellor Self-Referral Form**

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| **Date:**  |  |

|  |  |  |
| --- | --- | --- |
| **Student Name** | **Mentor Group** | **Year group** |

**Reason for referral (please tick all that apply)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Emotional/friendship issues** |  | **Home situation/conflict/financial** |  |
| **Anxiety** |  | **Bullying** |  |
| **Low Self-esteem** |  | **Family Issues - separation** |  |
| **Self-harm** |  | **Bereavement** |  |
| **Internet Safety/Social Media** |  | **Medical** |  |
| **Behaviour Changes** |  | **Learning/SEN** |  |
| **Attendance** |  | **EAL** |  |
| **Low Mood/Depression** |  | **Disordered eating** |  |
| **Other** |  | **Prefer not to say** |  |

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**Please explain the background to the problem**

Once completed please hand in to the sixth form office (nb. Only the counsellor the will read this form).

***Sixth Form use only***

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| **Referral** | **Tick** |
| Counsellor |  |
| Learning Mentor |  |
| Wellbeing officer |  |
| SEN support |  |