# Tayside Counselling in Schools Referral (DUNDEE)

Information to be shared with the school counsellor that child/parent or carer has given consent to share

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| Name of School |
| Name of Pupil | Class/Year Group |
| Gender | Date of referral |
| Named Person for the Child/Young Person | Name/source of referrer (if different from NP) e.g. parent/pupil/GP |
| Privacy Notice signed and returned Y/N | Any other agencies/partners supporting? |
| Has multi-agency discussion taken place pre referral? Y/N | Are parents/carers aware of referral: Y/NWhat are the views of the parent/carer? |
| Why is the child/Young person being referred for counselling? | Please note any protective factors that apply to the child/YP (e.g supportive parents/peer group/social/emotional skills) |
| What are the views of the C/YP? | Please note any risk factors that apply to the child/YP (e.g exam stress/absenteeism/relationships) |
| Any other information shared by child/parent or carer that you think would be useful for the counsellor to be aware of? | If the YP (aged 12+) is willing to be contacted by mobile phone/email by the counsellor, please provide details |

Further information is required before submitting this referral to your provider. Please seek permission from the CYP/parent before providing the following data:

<https://forms.office.com/e/HScg7RznB5>