

## School Chaplain Referral Form

<b>Date of Referral:</b>	
<b>Referral by:</b>	

### *Child's Details*

<b>Family Name:</b>			
<b>Given Name:</b>			
<b>Year/Grade:</b>		<b>Class:</b>	

### *Family Details*

<b>Parent/Carers Name:</b>	
<b>Child lives with:</b>	
<b>Cultural background:</b> <i>(if applicable)</i>	
<b>Language/s spoken at home:</b>	
<b>Religious Affiliation:</b> <i>(if applicable)</i>	

### **Reasons for referral/what concerns do you have?**

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### **Relevant Family History:**

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### **Past or current involvement with support services (eg psychologist, counsellor, support agency)**

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Continued/....

**Is there anything else you would like the school chaplain to know?**

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**What Outcome/s do you hope for as a result of this referral**

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**Permission Details** *(Please tick one or both)*

	<i>I give permission for the school Chaplain to provide my child with support and guidance of a general nature (e.g. relationships, life choices, anxiety, grief or loss, understanding feelings, difficulties at home)</i>
	<i>I give permission for the school Chaplain to provide my child with support and guidance of a SPIRITUAL/RELIGIOUS nature. (if yes please provide some information regarding the child/family's religious or spiritual beliefs if known)</i>

**Parent/Carers Signature:**

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**Date:**

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