



South West Yorkshire Partnership   
NHS Foundation Trust

  
**Barnsley Clinical Commissioning Group**



## Parents counselling, support and advice service School Referral Form

<b>Name of referrer:</b>	
<b>Your role with parent:</b>	
<b>Contact details:</b>	

<b>Name of parent:</b>	
<b>Date of Birth:</b>	
<b>Gender: Male / Female</b>	
<b>Address:</b>	
<b>Contact telephone number:</b>	

**Please give as much information as possible to the following questions.**

**1. Please explain briefly the main reason or reasons for referring. What would the parent like to focus on?**

**(Please continue on a separate sheet of paper if needed)**

I \_\_\_\_\_ give consent for this referral to be made on my behalf for support, advice and/or counselling.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_