

**Time 4 Me: School-based Counselling & Support
Parent/Carer Support Request Form
CONFIDENTIAL**



Your Child's Name _____

Date of Birth _____

Address & Postcode _____

Telephone Contact _____

School _____ Class _____ Teacher _____

Does your child have a Statement of Special Educational Needs? YES NO

Does your child have any allergies? _____

Does your child have any other medical condition(s)? _____

Is your child currently taking medication? _____

Your Name _____

Your relationship to the child you are referring _____

Reasons for wanting support Please if your child is coping with any of the following:

Family separation/divorce		Difficulties related to being a 'new-comer' family	
Family communication difficulties		School worries & problems	
Family conflict/domestic violence		General worries	
Bereavement		Moving/settling in to a new school/class	
Family member with serious illness		Low self-esteem/confidence	
New brother/sister		Difficulties expressing/controlling emotions	
Friendship problems		Trauma or abuse	
Bullying		Parent/family member in prison	
Other _____		Other _____	

What else do you think it would be important for us to know about why you want support for your child at this time?

What do you hope your child will gain from coming for support?

Please read the *Time 4 Me* leaflet with your child. Ask them what they think about coming for support. Use the box below to note down your child's thoughts and questions.

Please tell us about any other support services involved with your child or family (e.g. social worker, education welfare officer, Child and Family Clinic)

Is your child on the Child Protection Register? Yes No Has been in the past

Signed: _____

Date: _____

Return to Mrs. Flanagan or Mr. O'Hagan

Thank you for taking the time to complete this form. A member of the counselling team will be in touch shortly to discuss meeting with you about the support for your child.

Barnardo's staff only: Date referral received _____ Re-referral Y N