

Time 4 Me School Counselling Service
 Parent/Carer Support Request Form
 CONFIDENTIAL



Information about Your Son / Daughter	
Young person's name	
Date of birth	
School	
Year in School	
Information about Your Family	
Please tell us the name(s) of all who have legal 'parental responsibility' for your child	
Your name	
Relationship to the young person	
Contact Address	
Postcode	
Telephone	
Email	
The Support Reasons for Your Daughter / Son	
<i>Please ✓ if your son/daughter is coping with any of the following:</i>	
Family separation/divorce	School anxiety
Family communication difficulties	General anxiety
Bereavement	Moving/settling into a new school/class
Family member with serious illness	Low self-esteem/confidence
New brother/sister	Difficulties communicating/regulating emotions
Friendship difficulties	Parent/family member in prison
Bullying	Other (<i>please indicate</i>)
Issues related to being a 'new-comer' family	Other (<i>please indicate</i>)
What else would it be important for us to know about this request	
How do you hope your daughter/son will benefit from support?	
What are your son's/daughter's strengths - their interests, skills, talents? What are they like on a 'good day'? <i>When you are having a tough time it's really important to tap into your strengths to solve a problem and learn new ways to cope.</i>	

Talk to your child about coming to *Time 4 Me*. Ask them what they think about coming for support. Use the box below to note their thoughts and any questions.

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Essential Medical Information

Does your son / daughter have any allergies?	No <input type="checkbox"/> Yes <input type="checkbox"/>	<i>If 'Yes', please tell us about them</i>
Does your daughter / son have a medical condition?	No <input type="checkbox"/> Yes <input type="checkbox"/>	<i>If 'Yes', please tell us about it</i>
Is your son / daughter currently on medication?	No <input type="checkbox"/> Yes <input type="checkbox"/>	<i>If 'Yes', please tell us about it</i>

Other Services Involved with Your Son/Daughter or Family

Are other support services working with your daughter/son or family at the minute?	No <input type="checkbox"/> Yes <input type="checkbox"/>
If other services are involved, please tell us who they are (e.g., Social Worker, Education Welfare Officer, CAHMS)	
Is your son / daughter currently on the Child Protection Register?	No <input type="checkbox"/> Yes <input type="checkbox"/> Was in the Past <input type="checkbox"/>
Does your child have a <i>Statement for Special Educational Needs</i>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Signed (Parent/Carer)	Date
Signed (Parent /Carer)	Date
Signed (Child)	Date

Thank you for taking the time to complete this form. You will be contacted shortly about when it might be possible to arrange a time to talk to a Counsellor.

Barnardo's Staff Only

Date referral accepted from the Link Teacher		Is this a re-referral	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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