

GILGANDRA PUBLIC SCHOOL



Confidential Chaplain Referral Form

Date of Referral: _____

CHILDS DETAILS:

Family name: _____

Given names: _____

Class: _____

REASON FOR REFERRAL: (please tick where appropriate)

- | | |
|---|---|
| <input type="checkbox"/> change in behaviour | <input type="checkbox"/> bullying/teasing |
| <input type="checkbox"/> anger management | <input type="checkbox"/> divorce/separation |
| <input type="checkbox"/> physical health | <input type="checkbox"/> nervous/anxious |
| <input type="checkbox"/> conflict resolution | <input type="checkbox"/> relationships |
| <input type="checkbox"/> self-esteem | <input type="checkbox"/> grief (death/loss) |
| <input type="checkbox"/> social skills/friendships | <input type="checkbox"/> home issues |
| <input type="checkbox"/> withdrawn/shy | <input type="checkbox"/> negative attitude |
| <input type="checkbox"/> health (family or student) | <input type="checkbox"/> other (please explain) |

Comments:

I _____ (your name), legal guardian of _____ (childs name), give permission for the school chaplain at Gilgandra Public School to work with my child/ward. I understand that this may be in the form of one to one or in a small group setting.

Signed: _____

Date: _____