

**COUNSELLING REFERRAL FORM RAROTONGA 2013**

**RUNANGA TAUTURU**

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

Surname: \_\_\_\_\_ Christian name: \_\_\_\_\_ DOB: \_\_\_\_\_

Care giver Contact Details

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

School: \_\_\_\_\_ Year Level: \_\_\_\_\_

Teacher/Principal making the referral: \_\_\_\_\_ Contact details: \_\_\_\_\_

**If this referral is urgent (Any risk of harm to self or to others or suicidal talk or ideas expressed) .**

**Please call 23822 or 54410 / 52090 immediately**

Reason for School referral:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What actions have been taken by the school to date?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please fill out and FAX to 23822 or email to [twynne@tereora.edu.ck](mailto:twynne@tereora.edu.ck) / n [teingaroa@terora.edu.ck](mailto:teingaroa@terora.edu.ck)

Signed:( Principal)\_\_\_\_\_

Signed: (Teacher)\_\_\_\_\_