

**REFERRAL TO THE  
COUNSELLING CENTRE**

This form is for teaching/administrative/residential staff referring a student to the Counselling Centre.

- Teaching/administrative/residential staff member completes this form, and hands it to the student who brings it to the Counselling Centre. Alternatively, the form may also be emailed and password protected to counselling@yale-nus.edu.sg. The form must be signed by both staff and student. It is the responsibility of referring staff to get students' consent.
- The therapist will assess the student's needs and risk level. The student's attendance for the initial assessment, assessed risk level, and support recommendation for faculty/department/residential will be communicated to the referring staff via the Assessment Report. This report will be emailed and password protected to the referring staff.
- Referring staff may contact the Counselling Centre for information on number of sessions attended, date of last attended session and risk level for a period of up to 1 year from date of referred assessment. All further counselling information beyond 1 year will be kept confidential within the Counselling Centre, except in life-threatening situations as dictated by professional ethics or unless student again provides consent.

STUDENT		
Name: <i>(Please underline Family name)</i>		Gender: <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Transgender <input type="checkbox"/> Other _____ <input type="checkbox"/> Prefer not to say
Matric No:		Nationality:
Year Group: <input type="checkbox"/> 1 <sup>st</sup> Year <input type="checkbox"/> 2 <sup>nd</sup> Year <input type="checkbox"/> 3 <sup>rd</sup> Year <input type="checkbox"/> 4 <sup>th</sup> Year		
Email:		Phone:
I allow for the Counselling Centre to solicit relevant information from my faculty/department/residence and for the following information to be released to my faculty/department/residence: <ul style="list-style-type: none"> <li>• Attendance information, presenting concern and risk assessment at first session</li> <li>• Attendance information and risk assessment of all subsequent sessions up to a period of 1 year from the first assessment</li> </ul>		
_____ Signature of Student		_____ Date
REFERRING FACULTY/STAFF		
Name:		Faculty/Department/Residence:
Designation:	Phone:	Email:
Reason for referral:		
I have received student's consent to be referred as well as to have information released to the faculty/department/residence.		
_____ Signature of Staff Member		_____ Date