**CONFIDENTIAL: Request for HSFC Counselling Services**

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| **Name of student:****Date of birth:** | **Home Academy:****Form Group:** |
| **Contact email:** | **Date:** |
| **Please outline the reason for referral** |

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| **Please state if other agencies are involved** **(Social care/Police/Family services/CAMHS/Paediatrician)** |
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**Please highlight the service required and email referral to the counsellor concerned**

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| Holgate | Gene Thorpe | gthorpe@holgate-ac.org.uk |
| National | Sue Whittaker | swhittaker@nationalce-ac.org.uk |
| QEA  | Fay Pillatt  | FKPillatt@queenelizabeths-ac.org.uk. |

**Many thanks**

**The counsellor will email you as soon as possible to arrange an initial meeting.**

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| If you need any help or support in the meantime, please contact **Childline on 0800 1111**, **childline.org.uk** or **www.kooth.com**  |