**REFERRAL TO STUDENT COUNSELLING AND SUPPORT**

Student’s\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student’s no: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student contact details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please tick the relevant blocks:**

**Faculty:**

|  |  |  |  |
| --- | --- | --- | --- |
| Applied & Computer Sciences | Engineering & Technology | Management Sciences | Human Sciences |
| Course: (Please Specify) | | | |
| Reading / Writing Lab | | Mathematics Lab | |

**Reason for Referral to Student Counselling:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| At-Risk: | 1st Warning | | 2nd Warning | | 3rd Warning |
| Excluded: | | Personal: | | Other: | |

**Detail your main concerns about this student and suggested support interventions:**

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

**Possible Assistance Interventions (not undertaken by SCS):**

**(Please mark relevant box)**

|  |  |
| --- | --- |
| Consultation with Lecturers / Tutors |  |
| Extra Classes |  |
| Study Groups |  |
| Remedial Measures: (please specify) |  |
| Other: (please specify) |  |

**Assistance from Student Counselling and Support: (please tick relevant box for what you believe the student needs)**

|  |  |
| --- | --- |
| Individual Counselling / Therapy |  |
| Life skills workshops: e.g. Study Skills; Time Management; Exam Preparation; Test/Exam Anxiety; Goal Setting etc. |  |
| Career Concerns: e.g. Career Guidance / Counselling; Interview Skills; CV Writing, etc. |  |
| Crisis Intervention: e.g. Bereavement; Trauma etc. |  |

**Information provided by:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**N.B. Please note that according to the Health Professions Counsel of South Africa (HPCSA) regulations, all information discussed with the student remains confidential.**

**ALL REFERRAL FORMS MUST BE ACCOMPANIED BY SCS BIOGRAPHICAL (Filled in by the student)**