



# Lilli Pilli Public School

Working Together for Success

## SCHOOL CHAPLAIN Parent Referral

Date of Referral \_\_\_\_\_

### CHILD'S DETAILS (for completion by PARENT OR CARER)

Family Name: \_\_\_\_\_

Given Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender: Male / Female (*circle*)

Year / Grade: \_\_\_\_\_

Previous Schools Attended: \_\_\_\_\_

### FAMILY DETAILS

Parents / Carers Names: \_\_\_\_\_

Child Lives With: \_\_\_\_\_

Home Address: \_\_\_\_\_

Cultural Background (*if applicable*): \_\_\_\_\_

Languages spoken at home: \_\_\_\_\_

Religious Affiliation (*if applicable*): \_\_\_\_\_

### - OFFICE USE ONLY -

School Chaplain: \_\_\_\_\_ Date: \_\_\_\_\_

Notes / Outcomes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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Reason for referral / What concerns do you have?

Relevant family / social / spiritual history (e.g. peer group difficulties, family issues)

Past or current involvement with support services (e.g. psychologist, counsellor, pastoral care worker)

Is there anything else you would like the school chaplain to know?

What do you hope will happen as a result of the school chaplain seeing your child?

## Permission Details

1. I give permission for the school chaplain to provide my child with support and guidance of a **GENERAL** nature (e.g. relationships, life choices, anxiety, grief or loss, understanding feelings, difficulties at home)

Please circle one or both

**YES / NO**

2. I give permission for the school chaplain to provide my child with support and guidance of a **SPIRITUAL / RELIGIOUS** nature. (If yes, please provide some information re: child/family's religious or spiritual beliefs if known):

**YES / NO**

Parent / Carer's Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_