



Student Support Referral Form

STUDENT DETAILS:		
Name:	Form Class:	Date:
REFERRED BY:	<input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Self (student) <input type="checkbox"/> Staff <input type="checkbox"/> Other	
KEY AREA/S OF CONCERN (tick all that apply):		
<input type="checkbox"/> Self-Harm*	<input type="checkbox"/> Harm (neglect and/or abuse)*	<input type="checkbox"/> Suicidal Ideation*
<input type="checkbox"/> Achievement	<input type="checkbox"/> Other Health Issue	<input type="checkbox"/> Engagement
<input type="checkbox"/> Family Conflict	<input type="checkbox"/> Crime/Police involvement	<input type="checkbox"/> Future/Career
<input type="checkbox"/> Anxiety/Depression	<input type="checkbox"/> Illness/Family Illness	<input type="checkbox"/> Bullying
<input type="checkbox"/> Other Mental Health	<input type="checkbox"/> Social Skills/Peer Issues	<input type="checkbox"/> Stress
<input type="checkbox"/> Death of a Loved One	<input type="checkbox"/> Anger/Violence	<input type="checkbox"/> Homelessness
<input type="checkbox"/> Sexual Health	<input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Financial Hardship
<input type="checkbox"/> Other (please specify):		

*Please contact Lifeline on 13 11 14 (or 000 for emergencies) prior to sending this referral form

DETAILS OF REFERRAL:
Please provide a brief description of the issue. Include any relevant details (times, dates, names, background info), including any support you have already accessed, or have accessed in the past.

Student consents to being referred to any of the below support staff, as deemed appropriate:

Yes No

Please email the completed form to GuidanceOfficer@brackenridgeshs.eq.edu.au

STUDENT SUPPORT TEAM USE ONLY		
Date Received:	Follow Up Urgency: <input type="checkbox"/> Critical <input type="checkbox"/> 2-3 days <input type="checkbox"/> Routine	
Referred to:		
<input type="checkbox"/> GO (Beth Steedman)	<input type="checkbox"/> Year Level Coordinator	<input type="checkbox"/> Community Ed. Counsellor
<input type="checkbox"/> GO (Yosheen Pillay)	<input type="checkbox"/> School-Based Nurse	<input type="checkbox"/> Youth Support Coordinator
<input type="checkbox"/> Deputy Principal	<input type="checkbox"/> Chaplain	<input type="checkbox"/> Other _____
<input type="checkbox"/> HOD Junior	<input type="checkbox"/> HOD Senior	<input type="checkbox"/> HOSES/Case Manager