**Counselling Referral Form**

Please email completed form to talktome@liv-coll.ac.uk

I confirm that the student has given consent to be referred: ☐ Consent given

|  |
| --- |
| **Student Details** |
|  |  |
| Student’s name: | Your name (referrer): |
|  |  |
|  |  |
| Student ID number: | Your ext. No: |
|  |  |
| Student telephone number: | Student *@colc.ac.uk* email address: |
|  |  |
| Date: | Main centre of study: |
|  |  |
|  |  |
| Best days/times: |
|

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Monday |  | ☐ | a.m. |  | ☐ | p.m. |
| Tuesday |  | ☐ | a.m. |  | ☐ | p.m. |
| Wednesday |  | ☐ | a.m. |  | ☐ | p.m. |
| Thursday |  | ☐ | a.m. |  | ☐ | p.m. |
| Friday |  | ☐ | a.m. |  | ☐ | p.m. |

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|  |  |
| **Brief Details of Issues/Reason for Referral\*:** |
|  |

**\***Please contact Safeguarding if there is actual, or a risk of, significant harm to anyone.