**Counselling Referral Form**

Please email completed form to [talktome@liv-coll.ac.uk](mailto: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. | | |
|  |  |
| **Brief Details of Issues/Reason for Referral\*:** | |
|  | |

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