CORLIA BRANDERS

Registered Counsellor and
Psychometrist, Independent Practice

School Referral and Consent Form

Assessment and counselling support for a learner

Please complete all applicable sections and return the signed form to the class teacher or the practitioner. Contact information: corliabranders@gmail.com or Tel: 0824134085.

School referral

Parent or guardian	Mr. / Mrs. / Ms. _____
Teacher	Mr. / MS _____
Learner	_____
Grade	_____
School	_____

Reason for referral

Please describe the observations, concerns or support needs identified at school.

_____

_____

_____

What the service may include

- An initial assessment and/or counselling session at school during or after school hours by arrangement.
- Consultation with the parents or legal guardian and, where appropriate, relevant school staff.
- Further sessions or referrals where indicated and agreed with the parent or guardian.
- Written feedback after completion of the agreed process and settlement of the account.

Confidentiality and information sharing

Information is treated as confidential. By signing, the parent or guardian authorises the sharing of information relevant to the learner's educational support with the school. Confidentiality may be limited where there is a risk of harm, suspected abuse or neglect, or another legal or professional duty to disclose.

Fees and payment

Fees will be confirmed in advance. A paid statement may be provided for possible medical-aid reimbursement; reimbursement is not guaranteed and remains the member's responsibility.

- Payment details are supplied separately.
- Additional Service Information and bookings available from the website:
  www.corliabranders@gmail.com.

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Learner and Family Information

Complete the details below so that the learner can be supported safely and appropriately.

Learner details

First names	_____
Surname	_____
Date of birth	_____
Grade	_____
Home language	_____

Parent or guardian 1

Full name	_____
Relationship with learner	_____
ID or passport number	_____
Residential address	_____ _____
Cell number	_____
Email address	_____
Occupation	_____

Parent or guardian 2

Full name	_____
Relationship with learner	_____
ID or passport number	_____
Residential address	_____ _____
Cell number	_____
Email address	_____
Occupation	_____

Additional information

Medical aid	Name and option: _____
Member details	Main member: _____ No: _____
Emergency contact	Name: _____ Cell: _____
Preferred contact	☐ Phone ☐ WhatsApp ☐ Email

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Consent and Permissions

Please initial each permission that applies, then sign below.

Parent or guardian consent

Permission	Statement	Initial
Assessment and counselling	I consent to the learner receiving assessment and/or counselling support from Corlia Branders, Registered Counsellor and Psychometrist.	
School-based appointments	I agree with the sessions taking place at the school during or after school hours.	
Relevant school feedback	I consent to relevant findings and support recommendations being discussed with the referring teacher and/or designated school support personnel.	
Written report	I consent to a written report being provided to the parent or guardian.	
	I consent to a written report to be provided to the referring school.	
Records and privacy	I acknowledge that personal information will be recorded and handled for professional service delivery, legal and ethical record-keeping, and agreed communication.	

Learners aged 12 years and older

For learners aged 12 or older with maturity, their informed participation and consent will be sought. They may also decide if results can be shared with parents, guardian, or school, considering safety, legal rights, and their best interests.

Learner choice	☐ I agree ☐ I do not agree ☐ Not applicable
Results may be discussed with	☐ Parent or guardian ☐ School support staff ☐ Both

Declaration

I confirm that I am authorised to give this consent, that the information supplied is accurate to the best of my knowledge, and that I have had the opportunity to ask questions

_____	_____	_____
Parent or guardian signature	**Full name**	**Date**
_____	_____	_____
Learner signature if applicable	**Practitioner signature**	**Date**

For school use

Teacher signature	_____ Date: _____
School contact	_____ Tel: _____