



BRADFORDVILLE PUBLIC SCHOOL

10-30 HAMPDEN STREET BRADFORDVILLE NSW 2580
TELEPHONE (02) 4821 4936 • FAX (02) 4821 9899

School Chaplain Referral Form

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 / Outcome: _____

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, counselor, 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

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

Parent / Carer's Signature: _____ **Date:** ____ / ____ / ____