

REFERRAL TO THE UNIVERSITY COUNSELLING SERVICES (UCS)

This form is for teaching/administrative/VCU staff referring a student to the UCS.

- Teaching/administrative (including residential/professional/executive) staff member completes this form, and hands it to the student who brings it to the UCS. This form may also be encrypted and emailed to the UCS according to NUS Data Protection Policy. The form must be signed by both staff and student. It is the responsibility of referring staff to get student's consent.
- The counsellor/psychologist will assess the student's needs and risk level. The student's attendance for the initial assessment, assessed risk level, and support recommendations for faculty/department/unit/hall/college/residence will be communicated to the referring staff via the UCS Assessment Report. This report will be encrypted and emailed to the referring staff according to NUS Data Protection Policy.
- Referring staff may contact UCS for information on number of sessions attended, date of last attended session and risk level for a period of up to 1 year from date of referred assessment. All further counselling information beyond 1 year will be kept confidential within UCS and the University Health Centre, except in life-threatening situations as dictated by professional ethics or unless student again provides consent.

STUDENT		
Name: <i>(please underline family name)</i>	Sex: M / F	
Student ID No: Year: 1 / 2 / 3 / 4 / 5 / Postgrad / Exchange	Phone:	Email:
<p>I allow for UCS to solicit relevant information from my faculty/department/unit/hall/college/residence and for the following information to be released to my faculty/department/unit/hall/college/residence:</p> <ul style="list-style-type: none"> Attendance information, presenting concern and risk assessment at the first session. Attendance information and risk assessment of all subsequent sessions up to a period of 1 year from the first assessment. 		
_____ Signature of Student	_____ Date	
REFERRING FACULTY/STAFF		
Name:	Faculty/Department/Unit/Hall/College/Residence:	
Designation:	Phone:	Email:
Reason for Referral:		

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I have received student's consent to be referred as well as to have information released to the faculty/department/
unit/hall/college/residence.

Signature of Staff Member

Date