



**James Sheahan Catholic High School**  
P.O. Box 146, Anson Street, Orange NSW 2800  
**Telephone:** (02) 6362 1422 **Facsimile:** (02) 6362 0776  
**School Website:** www.jschs.nsw.edu.au **Email:** jschs@bth.catholic.edu.au

## **Counselling Service**

James Sheahan Catholic High School has a Counselling Service for the benefit of our student body. The safety, welfare and well-being of our students are of paramount importance.

In times of need students may utilise the Counselling Service.

**Referral** of your daughter/ son to this service can occur in several ways:

- Self-referral
- Referral by Year Coordinators/or teaching staff
- Parental referrals

In some cases there is a need to urgently attend to a student in order to ascertain their safety. Parents will be notified as soon as possible as to the outcome of this intervention.

### **Protection of Confidentiality and Privacy**

Discussions between students and the School Counsellor will remain confidential except if the following situations occur:

- A threat to harm another person
- Harm to self or threat to harm self
- Harm or threat to harm by another party

### **Collection, exchange and disclosure of information**

There may be times when the School Counsellor may need to confer with or refer to another organisation regarding the well-being of a student. In such cases, consent from the student and parent to obtain and/or release relevant information will be sought.

In the case of Child Protection and subsequent mandatory disclosure of information relating the safety of a student, the school will not be involved in parental contact.

Family and Community Services (FACs) will be responsible for parental contact if a student is considered at risk of significant harm.

### **Information Management**

There is a requirement for information about the student to be collected, filed and stored confidentially by the School Counsellor.

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I have read the above information and understand this Counselling Service is available to the students of James Sheahan Catholic High School.

Student Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_