



CENTRAL PHILIPPINE UNIVERSITY GUIDANCE SERVICES CENTER



REFERRAL FORM

Central Philippine University, through its Guidance Services Center, is offering support and guidance services to all students/learners. If you are a concerned person/party of CPU and would like to connect/refer students/learners to our trained mental health professionals in the University, you may submit the following information. The GSC Personnel will strive to assist the person being referred. Rest assured that any information provided will be treated with the utmost confidentiality.

CPU believes in the sanctity of personal information and the rights of individuals to Data Privacy per Republic Act 10173 (Data Privacy Act of 2012). It shall protect and responsibly use such information and will only collect, use and disclose your personal information with your knowledge and consent. You may access the complete Data Privacy Act of 2012 at <https://privacy.gov.ph/data-privacy-act/>

IMPORTANT REMINDER: THIS FORM IS TO BE FILLED-OUT BY PERSONS/PARTIES WHO WOULD LIKE TO REFER A LEARNER/STUDENT FOR COUNSELING.

REFERRING PERSON/PARTY INFORMATION

Last Name: _____ First Name: _____ Middle Name: _____

Contact Number: _____ Facebook/Messenger Name (Optional): _____

College/Department/Unit: _____

Relationship to the Student/Learner (✓):

- Parent/Guardian Instructor/Teacher SEAL Facilitator
- Peer Facilitator Classmate/Schoolmate Others (Please Specify): _____

STUDENT OR LEARNER INFORMATION

Last Name: _____ First Name: _____ Middle Name: _____

Level (✓):

- Elementary: _____ (Grade & Section)
- Junior High School: _____ (Grade & Section)
- Senior High School: _____ (Grade, Section & Strand)
- College: _____ (Course & Year)
- Medicine/Law (Underline which applies)
- Graduate: _____ (Degree Program & Year)

REASON/CONCERN FOR REFERRAL (CHECK ALL THAT APPLY):

- Academic
- Behavioral / Emotional
- External / Environmental
- Familial / Family
- Health (Including Covid-related Concerns)
- Interpersonal / Relationships
- Intrapersonal / Self
- Special Needs (PWD)
- Psychological Testing
- Threat to Self/Others

Additional Information:
