

**Student Affairs Office  
Student Counselling Services**

**Referral Form for Staff**

Name of Student : \_\_\_\_\_ (Eng) \_\_\_\_\_ (Chi)  
Student ID : \_\_\_\_\_  
Program/Course/Year : \_\_\_\_\_  
Sex/Age : \_\_\_\_\_ / \_\_\_\_\_  
Contact No. : \_\_\_\_\_

Reason(s) for Referral:

1. Irregular Attendance
2. Emotional Disturbance
3. Behavioral Problem
4. Adjustment Difficulty
5. Study Problem
6. Poor Peer Relationship
7. Family Problem
8. Financial Difficulty
9. Others (please specify)


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Time since problem has surfaced:

- ☐ <1 month      ☐ <3 months      ☐ >3 months

Motivation to seek help:

- ☐ Low      ☐ Adequate      ☐ High

Student already informed of referral for counselling services:

- ☐ Yes      ☐ No

Referred by \_\_\_\_\_  
Position \_\_\_\_\_  
Department \_\_\_\_\_  
Room/Tel.Ext. \_\_\_\_\_  
Date \_\_\_\_\_

- Please send the completed referral form to Counsellors, Ms. Doris Chu ([dorischu@twc.edu.hk](mailto:dorischu@twc.edu.hk)), Ms. May Fung ([mayfung@twc.edu.hk](mailto:mayfung@twc.edu.hk)) and Ms. Zara Tse ([zaratse@twc.edu.hk](mailto:zaratse@twc.edu.hk)).
- For at risk cases or students in extreme emotions, you are encouraged to accompany the student to seek for immediate support at SAO or contact us at once.
- If the student is unwilling for referral, please contact us directly at 3190 6620 (Doris) or 3190 6757 (May) or 3468 6783 (Zara) for discussion.