



CONFIDENTIAL

Counselling Service
Referral Form

Please seek student's consent before refer him / her for counselling service

Name: (English) _____	(Chinese) _____	Sex: _____
Programme / Year: _____	Student Number: _____	
Tel. No.: _____		

Reason(s) for referral

Remarks

Name of Referrer: _____

Department: _____

Tel. No.: _____

Date: _____

Signature: _____

***Please send the completed form to the Counselling Service Liaison Person of your faculty/office,
or Counselling Services of SAO at A-1/F-01 or e-mail to: saocs@eduhk.hk***

Counselling Services Liaison Person

For better communication and collaboration with faculties, we have counsellors as liaison person for each faculty on counselling related issues. Faculty members are encouraged to contact their counselling service liaison person for consultation on student cases or referral of students for counselling.

Faculty / Office	Liaison Person	Email (@eduhk.hk)	Ext.
Faculty of Education and Human Development (FEHD)	Amy Wong	wwingsze	6768
Faculty of Humanities (FHM)	Pauline Lee	pwplee	6405
Faculty of Liberal Arts and Social Sciences (FLASS)	Eve Chow	ewfchow	6406
Graduate School (GS)	Sharon Cheng	ckawing	6403
Other Offices / Units	Counselling Services	saocs	6245