

To: Off-campus support network team ()

The Three-tier School-based Emergency Mechanism
“Off-campus Support Network” Team Referral Form
(Applicable from 1 November 2024)

[*Schools should submit **this form and parent or guardian consent form** to
respective “off-campus support network” team]

Our school _____ (name of school), after conducting preliminary mental health screening and school-based intervention, would like to refer the student with higher suicidal risk to the “off-campus support network” team arranged by the Social Welfare Department. Our school has obtained and enclosed with this form the parent consent form signed by the parent or guardian of the student concerned for this referral. Our school will help arrange the “off-campus support network” team to meet with the student concerned at school, including finding venues suitable for in-person or online interviews.

Student Name	Gender / Age	Class	Contact phone no.	Areas that require special attention (Please tick the appropriate box(es))	Name & contact no. of student’s guardian in case of emergency
1.				<input type="checkbox"/> Learning performance <input type="checkbox"/> Family situation <input type="checkbox"/> Special educational needs <input type="checkbox"/> Interpersonal relationship <input type="checkbox"/> Emotional/mental health needs <input type="checkbox"/> Others (please specify):	

Remarks: This referral form contains personal data of the student, which shall be properly kept by the school and ensure that the purpose and manner of data collection, use of date, data security, access, etc. comply with the requirements of the personal data (Privacy) ordinance.

School Chop:

Signature of school
personnel in charge : _____

Name : _____

Post : _____

Contact no. : _____

Date : _____

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“Off-campus Support Network” Team

Parent / Guardian Consent Form

I _____ (Name of Parent / Guardian*) give consent to
_____ (Name of School) to refer my child / ward*
_____ (Name) _____ (ID No.) to receive services
rendered by the “off-campus support network” team arranged by the Social Welfare Department.

Signature of Parent / Guardian*: _____

(Contact Phone No.: _____)

Date: _____

*Delete as appropriate