



CONFIDENTIAL



Counselling & Placement Centre (CPC)
Bangladesh University of Professionals (BUP)

CPC ID no. (office use only):

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Referral Form

Information of the Referrer	Information of the Individual
Name: Faculty/Dept/Office: Designation: <input type="checkbox"/> Registrar <input type="checkbox"/> Dean <input type="checkbox"/> Chairman <input type="checkbox"/> Faculty Mobile:	Name: Department/Office: ID/BUP number: Semester: Mobile: E-mail:

Referring for:

<input type="checkbox"/> Academic & Socio-Emotional Counselling Issues need to be addressed for socio-emotional counselling: <input type="checkbox"/> Depression <input type="checkbox"/> Anxiety <input type="checkbox"/> Stress <input type="checkbox"/> Other (specify):	<input type="checkbox"/> Academic & Career Counselling Issues need to be addressed for academic and career counselling: <input type="checkbox"/> Academic and Career Guidance <input type="checkbox"/> Inter/Intrapersonal Relationship <input type="checkbox"/> Placement and Higher Education Guidance <input type="checkbox"/> Other (specify):
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Notes:

1. Did you have any discussion with the individual about the presenting symptoms/concerns?

☐ Yes ☐ No ☐ Not applicable

If yes, what was the outcome of that discussion?

☐ Little improvement ☐ No improvement ☐ Other (specify):

2. Did you tell the individual about referring him/her to the CPC?

☐ Yes ☐ No

If yes, how interested was the individual to attend the counselling session?

☐ Not at all ☐ A little ☐ Very much ☐ Other (specify):

What socio-emotional, academic, and career changes do you expect from the counseling process?

I will not discuss the issue of the individual in public and maintain confidentiality of the referral process.

Date: _____

Signature of the referrer: _____