



Tertiary Scholarships & Loans Service

“Building a Smarter Fiji”

FORM TSLS 07

STUDENTS COUNSELING FORM

[To be filled by students who wish to seek counseling intervention]

PART A: COUNSELEE'S DETAILS

Full Name:

Institution:

Student ID NO:

Contact Number:

Email Address:

Appointment Date/Time:

PART B: COUNSELEE'S PROBLEM IN BRIEF:

Signature: _____ Date: _____

PART C: COUNSELOR'S RESPONSE

PART D: COUNSELOR'S CONFIDENTIALITY STATEMENT

I, _____ hereby declare that all the information shared by the counselee would be kept confidential and shared only upon counselee's approval

Counselor's Name..... Signature..... Date.....