

Tertiary Scholarship & Loans Board

"Building a Smarter Fiji"

FORM TSLB 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:
FACI B. GOUNGELEE 3 FROBLEM IN BRIEF.
Circumstance.
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: