 <b>UTM</b> <small>UNIVERSITI TEKNOLOGI MALAYSIA</small>	<b>REFERRED CASE FORM</b>	<b>B.HEPA.PPPK.05/01(07)</b>
	<b>UTM CENTRE FOR PSYCHOLOGICAL AND COUNSELLING SERVICES</b>	<b>CONFIDENTIAL</b>

Reference No. : \_\_\_\_\_

**A) REFERRED OFFICER/STAFF/STUDENT'S PERSONAL PARTICULARS**

(To be filled by Head of Department/ Head of Unit/ Dean/Academic Deputy Dean/Academic Advisor/Academic Deputy Registrar)

- 1) Full Name : \_\_\_\_\_
- 2) Gender : ☐ Male ☐ Female      3) Age :   years old
- 4) Identification Card No :  -  -   
or Passport No.
- 5) Client's Tel. No. : \_\_\_\_\_      6) Client's Email Address: \_\_\_\_\_
- 7) Client's Category : ☐ Academic Staff ☐ M&P Staff ☐ Support Staff ☐ Foundation  
☐ Undergraduate ☐ Postgraduate ☐ Diploma ☐ Community
- 8) Matric/Staff No. : \_\_\_\_\_      9) Designation : \_\_\_\_\_
- 10) Department/Faculty/College : \_\_\_\_\_      11) Year of Service : \_\_\_\_\_
- 12) Client's Status : ☐ Single ☐ Married ☐ Divorce ☐ Widowed
- 13) Citizenship : ☐ Malaysian ☐ Non Malaysian (Please state) : \_\_\_\_\_

**B) REFERENCE PURPOSE** (Please tick [ ☐ ] on guidance/counselling session required).


- |  |   |
|--|---|
| <input type="checkbox"/> Academic (learning development)         | <input type="checkbox"/> Spiritual                    |
| <input type="checkbox"/> Physical / Health                       | <input type="checkbox"/> Cross Culture                |
| <input type="checkbox"/> Social                                  | <input type="checkbox"/> Career                       |
| <input type="checkbox"/> Grooming/Personality (Self Development) | <input type="checkbox"/> Moral / Disciplinary         |
| <input type="checkbox"/> Abnormal (thoughts/ behaviour disorder) | <input type="checkbox"/> Psychometric Tests           |
| <input type="checkbox"/> Marriage                                | <input type="checkbox"/> Stress                       |
| <input type="checkbox"/> Family                                  | <input type="checkbox"/> Others (Please state). _____ |

**C) STATEMENT OF ISSUE REGARDING STAFF/STUDENT REFERRED** (Please state briefly and concisely).

**D) NOTICE TO STAFF/STUDENT** (Please tick [ ☐ ] accordingly).

Staff/student has been informed either in **WRITTEN/VERBAL** that his/her case has been referred to Centre/Section for Psychological and Counselling Services.

☐ Yes ☐ No

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Reference No.: \_\_\_\_\_

**E) NEED FOR GUIDANCE/COUNSELLING SESSION BRIEF REPORT** (Please tick [ ☐ ] accordingly).

Department/Faculty/College requires guidance/counselling session brief report carried out by Centre/Section for Psychological and Counselling Services for further action.

☐ Yes

☐ No

**F) VERIFICATION BY REFERRING OFFICER.**

Herewith, I verified that information of REFERRED staff or student are **TRUE**.

\_\_\_\_\_  
 (Signature of Referring Officer)

Name of Officer : .....

Position : .....

Date : .....

Time : .....

Telephone No (Office) : .....

(Handphone) : .....

Email : .....

Referring Officer's Stamp :

**G) REVIEW BY SECTION/DEPARTMENT OF REGISTRAR (FOR CASE OF REFERRED STAFF ONLY)**


\_\_\_\_\_  
 (Signature of Officer of Section/Department of Registrar )

Name of Officer : .....

Date : .....

Time : .....

Officer's Stamp :

 <b>UTM</b> <small>UNIVERSITI TEKNOLOGI MALAYSIA</small>	<b>REFERRED CASE FORM</b>	<b>B.HEPA.PPPK.05/01(07)</b>
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**FOR UTM CENTRE/SECTION FOR PSYCHOLOGICAL  
AND COUNSELLING SERVICES OFFICE USE**

Date of referred case received : .....  
Time : .....  
Client's Code : .....  
Signature of Director/Deputy Director : .....  
Head of Department Stamp : .....

.....  
Signature of Psychology Officer In Charge  
Date : ..... Time : .....  
.....  
Name and Position of Psychology Officer's Stamp

**Brief Report By Psychology Officer In Charge:**

**Note:**

- 1) Please fill up this form and submit to UTM Centre for Psychological and Counselling Services in a **CONFIDENTIAL ENVELOPE**.
- 2) Psychology Officer (Counsellor) will contact you to verify this appointment.
- 3) Submit this form through Head of Department/Section including letter of issue statement either to
  - (i) Director, UTM Centre for Psychological and Counselling Services (for UTM JB) OR
  - (ii) Deputy Director, UTM Section for Psychological and Counselling Services (for UTM KL)

**\*\*It is important for Head of Department/ Head of Section/Referee to inform referred staff and student regarding referred individual or group guidance or counselling session beforehand for smooth execution of appointment and counselling process as well as protecting the rights and interests of client. Such notice to referred staff is based on Public Service Circulation, No. 4 Year 1998, Guidelines Managing Low Performance Officer and Problematic Officer.**