

**“Harmonious School:
One-Stop Hotline and Counselling Services”**

Case Referral Form



e-form
(Form III)

The Education Bureau has commissioned the Hong Kong Playground Association (HKPA) to continue providing the “Harmonious School: One-stop Hotline and Counselling Services” in the 2025/26 school year. Students and parents can seek professional advice and counselling services via the hotline, WhatsApp and WeChat (number: 5507 1896).

If professional advice or case referrals are required in the course of handling peer conflicts among students or school bullying, school social worker(s) or teachers may refer the case(s) to HKPA for follow-up through the submission of the Case Referral Form.

The personal information collected in the Case Referral Form serves only for the purpose of providing services by HKPA. The information will be handled in accordance with Personal Data (Privacy) Ordinance.

Case Referral Form
(To be completed by school)

To: Hong Kong Playground Association
Address: G/F., 119-132 Kwai Yuen House,
Chuk Yuen (South) Estate,
Wong Tai Sin, Kowloon.

Tel: 2730 6618
Fax: 3905 8144
E-mail: harmonioushotline@hkpa.hk

(I) Particulars of the student

Name of student: _____ Class level : _____

Name of school: _____

School address: _____

* Our school has obtained consent from the parent/guardian of the above-named student to refer the student to HKPA for the necessary services on _____ (date).

(II) Case Follow-up and Counselling Services

Please put a "✓"	Consultation Item (Choose <u>ONE</u> only)
<input type="checkbox"/>	Building self-confidence: Recognising self-worth, cultivating a positive self-image, developing self-affirmation skills and mastering strategies for overcoming challenges and failures, etc.
<input type="checkbox"/>	Strengthening peer relationship and conflict resolution skills: Handling peer conflicts, enhancing communication and social skills, etc.
<input type="checkbox"/>	Fostering Cyber Wellness and Social Attitudes: Learning social etiquette, recognising risks of online friendships, learning to protect privacy, etc.
<input type="checkbox"/>	Managing Negative Emotions: Understanding emotions, promoting positive emotions, coping with negativity, etc.
<input type="checkbox"/>	Addressing School/Cyber Bullying: Providing support and resources, strategies in handling school/cyber bullying.
<input type="checkbox"/>	Others(Please specify) : _____

Specific details for follow-up item:

(III) Particulars of the referrer

Name of the referrer: _____ Post Title: _____

Relationship with the student: _____

Contact number/other contact method of referrer: _____

Preferred period(s) for further contact (may choose **more than one period**):

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<input type="checkbox"/> 09:30-13:00	<input type="checkbox"/> 09:30-13:00	<input type="checkbox"/> 09:30-13:00	<input type="checkbox"/> 09:30-13:00	<input type="checkbox"/> 09:30-13:00	<input type="checkbox"/> 09:30-13:00
<input type="checkbox"/> 13:00-18:00	<input type="checkbox"/> 13:00-18:00	<input type="checkbox"/> 13:00-18:00	<input type="checkbox"/> 13:00-18:00	<input type="checkbox"/> 13:00-18:00	<input type="checkbox"/> 13:00-18:00
<input type="checkbox"/> 18:00-21:30	<input type="checkbox"/> 18:00-21:30	<input type="checkbox"/> 18:00-21:30	<input type="checkbox"/> 18:00-21:30	<input type="checkbox"/> 18:00-21:30	<input type="checkbox"/> 18:00-21:30

School Chop

Signature of Principal: _____

Name of Principal: _____

Date: _____