**Human Resources referral to the Staff Counselling Centre**

**1. Staff member details:**

|  |  |
| --- | --- |
| Name: |  |
| Dept: |  | Job title: |  |

|  |  |
| --- | --- |
| Email: |  |
| Tel: |  | Consent to leave message Yes □ No □ |

**2. Human Resources Business Manager/Adviser details**

|  |  |  |
| --- | --- | --- |
| Print name: |  | HRBM/HRA |

|  |  |  |  |
| --- | --- | --- | --- |
| Email: |  | Tel: |  |

 **3. Reason for referral – *brief overview*:**

|  |
| --- |
|  |
|  |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| HRBM/HRA signature: |  | Date: |  |

**4. Consent**

I agree to this referral being made to the Staff Counselling Centre for the above reason that has been fully explained to me. I understand that my attendance or otherwise at the Staff Counselling Centre will be reported back to Human Resources, but the details of my counselling sessions will not be reported back without my prior consent.

|  |  |  |  |
| --- | --- | --- | --- |
| Employee signature:  |  | Date: |  |

On receipt of this referral form the Staff Counselling Centre will arrange an initial consultation. Please indicate below times when it would be difficult for you to attend, **and include any dates that you will be away within the next 2-3 months.**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 9:00 | 10:00 | 11:00 | 12:00 | 13:00 | 14:00 | 15:00 | 16:00 |
| Mon |  |  |  |  |  |  |  |  |
| Tue |  |  |  |  |  |  |  |  |
| Wed |  |  |  |  |  |  |  |  |
| Thur |  |  |  |  |  |  |  |  |
| Fri |  |  |  |  |  |  |  |  |

We are currently offering counselling sessions in person or via video.

Please indicate below which type of session(s) you prefer:

□ Video □ In person