

# STRESS MANAGEMENT & COUNSELLING / HELPING HANDS SERVICE



## REFERRAL FORM

Please be aware that the employee may be contacted by a member of the Helping Hands Service prior to any appointment with the Counselling team.

**For School Referrals please complete Appendix A in order for this form to be processed.**

DATE REFERRAL RECEIVED:		SMAC CODE:	
<b>FOR COMPLETION</b>			
Name:			
Employee number:			
Title:			
Address: (Please advise if you do not want to be contacted by letter.)			
Home Telephone Number:			
Mobile Telephone Number:			
Date of Birth:			
Job Title:			
Section:			
Directorate:			
School (if applicable):			
Date Referral submitted:			
<b>WHAT IS THE PURPOSE OF THIS REFERRAL:</b>			
<b>WHY DO YOU WANT OUR SERVICE TO BECOME INVOLVED AT THIS PARTICULAR TIME:</b>			
<b>IS THERE ANY ADDITIONAL INFORMATION YOU WOULD LIKE TO PROVIDE?</b>			

**PLEASE RETURN THIS FORM TO:**

**REFERRAL DETAILS:**

If this is a Self-Referral, **YOU DO NOT NEED** to complete this part of the Form

<b>Date of Referral:</b>	
<b>Completed by: (print or type name)</b>	
<b>Telephone Number:</b>	
<b>Job Title:</b>	
<b>Place of Work:</b>	
<b>Has the employee consented to this Counselling Referral?</b> (We advise that you make the employee aware in writing that you have referred them, for counselling via letter or e-mail. Please gain their consent before completing the referral form)	
<b>If the employee has been absent from work due to sickness, please provide the start date of their absence:</b>	
<b>Are there any Risk Management Factors to be considered?</b>	
<b>If yes, please give specific details:</b>	

**DO YOU HAVE ANY CONCERNS REGARDING ANY OF THE FOLLOWING:**

Self-Harm	Yes <input type="checkbox"/> No <input type="checkbox"/>
Harming Others	Yes <input type="checkbox"/> No <input type="checkbox"/>
Substance Misuse	Yes <input type="checkbox"/> No <input type="checkbox"/>
Excessive Worries	Yes <input type="checkbox"/> No <input type="checkbox"/>
Suicidal Thoughts	Yes <input type="checkbox"/> No <input type="checkbox"/>

**AN INCOMPLETE REFERRAL FORM MAY CAUSE DELAY IN SERVICE**

Please note that the Stress Management & Counselling Service will not take on Medical or Diagnostic responsibility, which will remain the employee's General Practitioner

Stress Management and Counselling Service, Room 151, The Guildhall,  
Swansea, SA1 4PE; or e-mail [Confidential.Counselling@swansea.gov.uk](mailto:Confidential.Counselling@swansea.gov.uk)