

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

PLEASE RETURN THIS FORM TO:

REFERRAL DETAILS:

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

Date of Referral:	
Completed by: (print or type name)	
Telephone Number:	
Job Title:	
Place of Work:	
Has the employee consented to this Counselling Referral? <small>(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)</small>	
If the employee has been absent from work due to sickness, please provide the start date of their absence:	
Are there any Risk Management Factors to be considered?	
If yes, please give specific details:	

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