**Occupational Health Service**

**Employee Self - Referral for Counselling only**

***Confidential***

***Notes:-***

* ***Employee self-referral is for counselling only, any other referral e.g. physiotherapy, must be discussed and submitted by your manager.***
* ***Your referral will be treated in confidence unless it is considered that you may be of risk of harm to yourself or others.***
* ***The Occupational Health Service operates during normal office hours. If you are completing this referral outside of this time and are in crisis you should contact your GP’s surgery in the first instance. A list of other agencies who may be of help can be found on the website below:-***

[***https://legacy.westmorlandandfurness.gov.uk/employeeinformation/wellbeing/default.asp***](https://legacy.westmorlandandfurness.gov.uk/employeeinformation/wellbeing/default.asp)

* ***Once your referral has been triaged then you will be referred to a counsellor for up to six sessions. The counsellor will provide feedback only on whether the sessions have been beneficial and whether you attended. Details discussed during the counselling sessions will not be disclosed.***

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| --- | --- | --- | --- |
| Employee Details | | | |
| Surname: |  | | |
| Forenames: |  | | |
| Title: | Mr/Mrs/Miss/Ms/Other\* | Date of Birth: |  |
| Home Address & Postcode: |  | | |
| Home phone no: |  | Mobile phone no: |  |
| Work phone no: |  | Email Address: |  |
| Preferred means of contact | Home phone/ Mobile phone / Work phone / email\*  Note: the counsellor will contact you direct | | |
| Details of current situation | | | |
| Background Information for reason for counselling support  *(please note this information is required to enable the Occupational Health Service to refer you to an appropriately trained counsellor)* | | | |
| Are you currently receiving any form of counselling therapy? | | | |

\*Please delete as appropriate

Once this form is completed please email to **occupational.health@cumbria.gov.uk**