**Graphical user interface, text

Description automatically generated with medium confidence**

# Staff Psychological Support Service Referral Form

**Once you have completed the relevant section please return to:** [**uhsussex.staffpsychologicalsupport@nhs.net**](mailto:uhsussex.staffpsychologicalsupport@nhs.net)

**Manager (or Third Party):** Please complete section 1, 3 & 4:

|  |  |
| --- | --- |
| **SECTION 1: MANAGEMENT REFERRAL (or third party)** | |
| **Date of Referral:** |  |
| **Name:** | **Manager:  Occupational Health:  Human Resources:** |
| **Contact Details:** | **Email:**  **Telephone- Ext:** |
| **Staff Member’s Name:** |  |
| **Site:** | **St Richards Hospital:  Worthing:**  **Royal Sussex County Hospital:  Princess Royal Hospital:** |
| **Staff Member’s Contact details:** | **Email:**  **Telephone- Ext:** |
| **Staff Self-Referral**: Please complete section 2, 3 & 4: | |
| **SECTION 2: STAFF SELF-REFERRAL** | |
| **Date of Referral:** |  |
| **Name:** |  |
| **Contact Details:** | **Email:**  **Telephone-** |
| **Best Method of Contact:** | **Landline  Mobile  Email** |
| **Can a voice message be left on the mobile number supplied?** | **Yes**  **No** |
| **Date of Birth:** |  |
| **Home Address:** |  |
|  | |
| **SECTION 3: JOB DETAILS** | |
| **Professional role/ title:** |  |
| **Banding:** |  |
| **Ward/Department/Division** |  |
| **Site:** |  |

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| **SECTION 4: REASON FOR REFERRAL (BRIEF DESCRIPTION)** |
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