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# Staff Psychological Support Service Referral Form

**Once you have completed the relevant section please return to:** **uhsussex.staffpsychologicalsupport@nhs.net**

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

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| **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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