**Think Well Service**

**Employee Self-Referral Form**

Employee self-referrals are confidential in nature and no information obtained as a result of accessing these services will be shared.

Experience has shown us that engaging line managers in supporting individuals significantly improves outcomes. If you want to engage with your line manager through this process the service requires a Manager Referral and Written Consent to be completed.

Please complete this form fully and send to: [Think.Well@staffordshire.gov.uk](mailto:Think.Well@staffordshire.gov.uk)

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| **Employee Details** | |
| Employee Name | Click here to enter text. |
| Payroll Number | Click here to enter text. |
| Job Title | Click here to enter text. |
| School/ Academy Name & Address | Click here to enter text. |
| Telephone (ideally mobile\*\*) | Click here to enter text. |
| Email address (ideally personal if absent from work) | Click here to enter text. |
| Home Address | Click here to enter text. |
| Date of birth | Click here to enter text. |
| GP Name and Address | Click here to enter text. |
| **Date:** | Click here to enter a date. |

\*\*We will contact you on the telephone number you provide. If you provide a mobile number, we may leave a message unless you instruct us not to.

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| **Absence Data:** | | | |
| Are you absent at the time of this referral? | | Yes ☐ | No ☐ |
| Start of Absence | Click here to enter a date. |  | |
| Reason for current period of absence? | | Click here to enter text. | |

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| **Reason for referral:** Please indicate very briefly why you require support. |
| Click here to enter text. |