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**Manager referral - Final report**

**This document has been completed following the completion of the employee’s counselling support.**

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| **Employee Details** | |
| Employee Name | Click here to enter text. |
| Employee Reference | Click here to enter text. |
| Provider Name & Name of Counsellor/Psychologist | Click here to enter text. |
| Support Provided | Number of Sessions received:  Did the employee attend all the sessions:  Yes  / No |
| Outcomes of the Sessions | Click here to enter text. |
| Perceived Barriers | Click here to enter text. |
| Ongoing advice to employee to maintain their personal wellbeing | Click here to enter text.  ThinkWell Plan provided completed by employee Yes  / No |
| Managers Name | Click here to enter text. |
| General advice for the manager and where applicable Return to Work advice. | Click here to enter text. |
| Response to any specific questions in referral. | Click here to enter text. |
| Signature of Counsellor/Psychologist | Signature:  Date: Click here to enter a date. |

On completion of this form please ensure a copy is emailed to the manager, copying in [Think.Well@staffordshire.gov.uk](mailto:Think.Well@staffordshire.gov.uk)