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**Initial Session Manager Report**

**Complete following the initial session of counselling following manager referral.**

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| **Employee Details** |
| Employee Name | Click here to enter text. |
| Employee Reference | Click here to enter text. |
| Date of First Session | Click here to enter a date. |
| Provider Name & Name of Counsellor/Psychologist  | Click here to enter text. |
| Advice provided to employee. | Click here to enter text. |
| Managers Name | Click here to enter text. |
| Advice for Referring Manager | Click here to enter text. |
| Signature of Counsellor/psychologist | Signature: Date: Click here to enter a date. |

**Manager Referral -** on completion of this form please ensure a copy is emailed to the manager, copying in Think.Well@staffordshire.gov.uk