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BUILDING RESILIENCE, PROSPERITY AND WELLBEING

Self-Referral Form

If you are able to answer "**yes**" to the following questions, we may be able to support you.

- ✓ Are you employed but currently off work or at risk of being off work through illness / sickness?
- ✓ Do you have a National Insurance Number?
- ✓ Do you live or work in RCT?
- ✓ Does your employing organisation have less than 250 employees?

To be eligible for the Staying Well at Work Project, you must have a disability or a work limiting health condition. **Please tick which best describes you:**

I have a disability	
WEFO (Welsh European Funding Office) guidance defines disabled as "a person who considers themselves to be disabled because of the barriers (attitudinal, environmental and organisational) which prevents them from participating fully in all areas of life".	

I have a work limiting health condition	
WEFO (Welsh European Funding Office) guidance defines this as "a person who considers themselves to face barriers to work due to a work limiting health condition".	

Your Details			
Title (eg Miss / Mr / Ms / etc)		**Date of Birth**	
Surname			
Forename(s)			
National Insurance Number			
Address			
Postcode			
Home Telephone Number			
Mobile Telephone Number			
Private E-mail address (please print clearly)			

I consent to the Staying Well at Work Team contacting me by the methods indicated below:

Home Telephone Number		**Mobile Telephone Number**	
Email Address		**SMS (text)**	

Your Employment Details	
Company Name	
Company Address	
Postcode	
Date Employment Commenced	
Date Sickness Commenced	

Please note that at your first appointment, we will require evidence that you are in paid employment and have a National Insurance (NI) Number.

Payslip **Please bring your most recent payslip to your first appointment.**

NI Number **Your payslip will normally show your NI Number. If it doesn't, we will require something that shows your NI Number (NI card, letter from your employer, letter from HMRIC Tax, etc).**

Which intervention do you see as a priority need for you (please tick)					
Counselling		Physiotherapy		Mental Health & Employment Coaching	

Please provide us with a few more details to support your referral (eg nature of problem, duration, whether you have already sought advice / treatment, etc)

Where did you hear about our service?

Declaration - For those referring on an individual's behalf (e.g. DWP advisor, Wellbeing Co-ordinator:

I declare that –

- ✓ **This individual is currently absent from the workplace or in work and at risk of going absent due to a work limiting health condition or a disability**
- ✓ **I have fully explained the Referral to the individual and they have consented to the completion of this self-referral on their behalf and have agreed to be contacted**

Signature (on behalf of the individual)	
Signature (individual)	
Date	

Completed forms should be <u>posted</u> to:

Practice Manager, Staying Well at Work Centre
Ty Penygawsi, Talbot Road, Llantrisant, Rhondda Cynon Taf, CF72 8AW
Tel: (01443) 827317