

**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:**

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| **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”. | |

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| **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”. | |

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| **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:**

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

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| --- | --- |
| **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).**

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| **Which intervention do you see as a priority need for you (please tick)** | | | |
| Counselling & therapeutic support |  | Physiotherapy |  | |
| Occupational Health Nurse |  |  |  | |

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| **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)** |
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| **Where did you hear about our service?** |
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| **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 emailed to:** [**StayingWellatWorkReferrals@rctcbc.gov.uk**](mailto:StayingWellatWorkReferrals@rctcbc.gov.uk)