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|  **Organisational Health, HSE Workplace Health & Wellbeing Unit, National HR****Manager Referral FORM (002.24)** **To request Psychosocial Risk Management/ Organisational Health & Wellbeing Support to HSE Workplace/Team** | **Please fill in both pages as much as you can and submit to** **hr.wellbeing@hse.ie****This referral form is treated confidential and GDPR compliant. All requests for support will be reviewed by Organisational Health, Workplace Health and Wellbeing Unit National Human Resource Services.**  |
| **Your name and contact details:**  |  |
| **DATE** |  |
| **Service Area name and contact details:** |  |
| **What** support/activity do you require? |  |
| **Please rate this requirement for support:** | * **Extreme**
* **High**
* **Considerable**
* **Moderate**
* **Low**
 |
| **When** is this support/activity required? |  |
| **How many staff will be involved?** |  |
| **Is the service in place and ready to support/respond to any identified follow-up actions/outcomes?**  |  |
| **List any other HR activities that are currently active in your service? i.e. formal investigations ‘Trust in Care’, ‘Dignity at Work’, ‘Grievance Complaint’ etc.** |  |
| **Do you have budget?** | Yes/No/NA  | **Is this planned support in your service plan/operational plan?** | Yes/No/NA |
| **Have you discussed this support requirement with your Service Lead/General Manager?** | Yes/No/NA | **Do you have approval from the relevant national director for this activity?** | Yes/No/NA |

**When filling out this form, it may be useful to think about, and complete the following:**

**Who?**

 **To achieve what?**

 **How?**

|  |  |  |
| --- | --- | --- |
| Who is involved?(For example, HSE staff & groups e.g. nursing/support/admin etc. certain professionals, others) | What do you want to achieve?(for example, ‘address certain issues e.g. work-related stress/morale’ ) | How will this support make a difference to the current situation in your service and into the future? |
|  |  |  |

**For office use only:**

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| Support Category |  |
| Additional information or clarifications  |  |
| Level of Support/intervention required |  |
| SignedDate |  |