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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**](mailto: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? |
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**For office use only:**

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