**Sounding Board Request**

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| **Date of Request:**  click or tap here to enter text. | **Client Organisation:**  Click or tap here to enter text. |
| **Client Name:**  Click or tap here to enter text. | **Client Phone Number:**  Click or tap here to enter text. |
| **Client Email:**  Click or tap here to enter text. | **Position / Role Title:**  Click or tap here to enter text. |
| **Work Location:**  Click or tap here to enter text. | **Additional Persons to Join:**  Click or tap here to enter text. |
| **Client’s Perception of Urgency from 1-10**  **(not urgent - extremely urgent):**  Click or tap here to enter text. |  |

**The Service:**This service is made up of two parts – first we will clarify what the situation is that you are concerned about and understand the factors surrounding the issue. If indicated, I will then refer you to a relevant professional in our Sounding Board team.

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| **What is your core concern?**  Click or tap here to enter text. |
| **What related factors are you aware of?**  Click or tap here to enter text. |
| **What is your desired outcome?**  Click or tap here to enter text. |
| **Are there any relevant policies or procedures?**  Click or tap here to enter text. |

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| **Have you any safety concerns related to this?**  Yes  No | **Are there legal implications?**  Yes  No |

**If you answered Yes to either of the questions above, please provide details:**

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| Click or tap here to enter text. |

**Consent:**

What is reported to your organisation is non-identifiable and is intended to support your organisation to identify key areas of concern and enable positive change.

Are you happy to proceed with the support?

Yes  No

Office use only

Received by Received on

Assigned to Assigned on

Closed on