**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