

Health Employee Learning and Psychotherapy (HELP) Services Referral Form
 for **Group De-brief** Following Critical or Clinical Incident only.

To be completed by Line Manager, Human Resources, Occupational Health or
 Medico-Legal Manager.

Named Manager Requesting De-brief:	
Job Title of Referring Manager:	
Area of Incident:	Date of Incident:
Department:	Site:
Referral Date:	
Staff Identified as Requiring De-Brief:	
1)	7)
2)	8)
3)	9)
4)	10)
5)	11)
6)	12)
Reason for Referral:	