**Pharmacist Support counselling referral form**

Purpose

The Coronavirus pandemic has meant that, like other healthcare professions, pharmacy has been presented with new challenges never experienced before. Those contacting the charity have experienced a range of issues and worries including coping with changes in pharmacy practice, dealing with abusive customers and anxieties around catching and spreading the virus. We have received a grant from the Covid-19 Healthcare Support Appeal (CHSA) that has enabled us to create a counselling partnership in order to provide direct psychological support for those who are experiencing mental health issues.

We are able to fund up to six counselling sessions per individual through this partnership.

Criteria

* You are or ever have been on the register of the General Pharmaceutical Council (formerly Royal Pharmaceutical Society of GB) as a pharmacist
* You are the spouse/civil partner/widow/er of a current or former pharmacist
* You are a trainee pharmacist in Great Britain
* You are a student on an MPharm degree course in Great Britain
* and you live in Great Britain

The process

* Complete the form below
* When completing your application, please remember to answer all the questions clearly; remember to sign and date your application; and make sure all documentation requested is provided
* Please ensure the contact details you provide are the correct ones
* We will check your eligibility and notify you of the outcome, within five working days of receipt
* If you would like to speed up your application, please attach any evidence of your eligibility
* If supporting materials are missing or we need further information in order to assess your application, we will contact you
* Once we have confirmed eligibility you will be given the contact number of the counselling centre and a code which will enable you to access up to 6 counselling sessions. **(this code will be valid for 30 days after issue for you to contact the counselling centre and begin counselling).**

General information

* For further questions about the counselling process, please contact the counselling centre directly
* You will be working within an agreed number of sessions and your counsellor will regularly review your progress with you
* Please be reassured that the counselling sessions will be confidential between yourself and the counsellor.

Please send us the completed form and documents via email to [**counselling@pharmacistsupport.org**](mailto:counsellingsupport@pharmacistsupport.org)

Personal details

|  |  |
| --- | --- |
| **Title** |  |
| **First Name** |  |
| **Last Name** |  |
| **Email address** |  |

Eligibility

|  |  |  |
| --- | --- | --- |
| Evidence of eligibility  Status (**delete as appropriate**)  Student / Pre-registration trainee / Pharmacist / Retired pharmacist / Partner / Widow/er | | |
| **Pharmacist /former pharmacist** | Registration number | Date of registration |
| **Pharmacist trainee** | Trainee number  (or trainee placement confirmation attached) Y/N | Date of registration |
| **Pharmacy Student** | proof of MPharm student status attached Y/N | |
| **Partner/Widow/er** | Registration number (of pharmacist) | Date of registration |

General information

**Please note this is for data collection/reporting purposes only.**

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| --- |
| **Which area of pharmacy do you work in?** (if applicable, click on appropriate box)  Community  Hospital  Primary care  Industry  Academia |
| **How did you hear about Pharmacist Support?** (type X in appropriate box)   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | Advert *(please specify below)* |  | MEP |  | Web search | |  | Event *(please specify below)* |  | RPS |  | Word of mouth | |  | PDA |  | University |  | Other *(please specify below)* | |  | GPhC |  | Social Media *(please specify below)* | | |   Please specify: |
| **Future communications**   |  |  | | --- | --- | |  | Please type X in this box if you wish to receive the Pharmacist Support e-news with news, updates and further support from the Charity. | |

Agreement and declaration

|  |  |
| --- | --- |
| 1. To the best of my knowledge and belief, I declare that the particulars given in the application are true and accurate. I agree to inform Pharmacist Support immediately of any change in circumstances. 2. I consent to Pharmacist Support processing and storing any information given in this application and related supporting documentation in accordance with GDPR and the Data Protection Act 2018. They will be stored in accordance with Pharmacist Support’s privacy policy.   Details of how we treat your personal data can be found in our Privacy Notice – see the[*Contact us*](https://pharmacistsupport.org/about-us/contact-us/) page on our website. | |
| **Signature (image or printed accepted)** |  |
| **Name (please print)** |  |
| **Date** |  |