**Pharmacist Support counselling referral form**

**Purpose**

Direct psychological support is available to those who are experiencing mental health issues. Since we launched this service is 2021, **our counselling provider has developed a deep understanding of the issues facing pharmacists and** **we are pleased to report much shorter waiting times** to see counsellors via our counselling partnership than through many other routes.

It is important to us as a charity that everyone has access to our support services when they need it, however, at the same time we must be mindful of our resources. With grant funding of this service having ended in December 2022, and with demand for direct psychological support remaining high, we have had to review and adjust some of our eligibility criteria. Whilst the charity will continue to fund sessions for pharmacists earning below £37,000, those earning above that threshold will be expected to self-fund. We also encourage those in a position to do so to pay it forward and help others on a lower salary to continue to access this service by [**contributing to their support**](https://pharmacistsupport.org/support-our-work/donate/)**.**

Trainee pharmacists, MPharm students and those earning under £37,000, will be able to access **eight counselling sessions** fully funded by the charity. If additional sessions are needed following this, individuals will be given the option to self-fund. Please note that MPharm students are encouraged to also register with their university counselling service. We understand that there may be long wait times at some universities, so urge students to register as soon as possible to ensure counselling may continue where it is needed.

Those earning over £37,000 will still benefit from reduced wait times (typically under two weeks) and from the expertise our counselling provider has developed in working with pharmacists. Pharmacists earning at this level would be expected to self-fund, with payments made directly to our counselling partner. Sessions are charged at a rate of £45 a session for those with a household income under £60,000 and £60 for those with a household income over £60,000.

**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
* For pharmacists or spouse/civil partner/widow/er of a current or former pharmacist who earn less than £37,000, proof of income is required with the form (i.e latest payslip/ P60), or you will be classed as self-funding your counselling
* 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 that you will need to present to our counselling provider. ***(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 – if you are an eligible student or trainee, you will receive 8 funded sessions****)*  Student / Pre-registration trainee / Pharmacist / Retired pharmacist / Partner / Widow/er  **Is your salary over £37,000 per year?** *(****delete as appropriate****)*  Yes / No  *If yes, you will be expected to self-fund. This will be managed by our counselling provider. If no, please supply proof of salary ie recent payslip, P60, most recent HMRC statement of earnings, or pension statements.* | | |
| **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.**

|  |
| --- |
| **Which area of pharmacy do you work in?** (if applicable, click on appropriate box)  ☐ Community  ☐ Hospital  ☐ Primary care  ☐ Industry  ☐ Academia |
| **What is your geographical location?**   |  |  | | --- | --- | | **By Country** | **England regions** | | ☐ England  ☐ Scotland  ☐ Wales | ☐ London  ☐ North West  ☐ South East  ☐ West Midlands  ☐ East of England  ☐ North East  ☐ Yorkshire and Humberside  ☐ South West | |
| **How did you hear about Pharmacist Support?** (type X in appropriate box)   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | Advert |  | Article |  | Web search | |  | Event *(please specify below)* |  | RPS |  | Word of mouth | |  | MEP |  | Employer |  | PDA | |  | GPhC |  | University |  | Have used our services before | |  | Social Media *(please specify below)* |  | Other *(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** |  |

**Equal Opportunities Monitoring Form**

**This form will be used separately for the purpose of monitoring and provision of statistical data. All information given will be treated in the strictest confidence.**

**Why we need this information and why we are asking for it**

Pharmacist Support is committed to promoting equality of opportunity, to ensure that everyone has the chance to participate fully in the activities and decisions of the organisation.

In completing this form, you will help us understand who we are reaching and how to better serve everyone in our pharmacy family.

The form is optional and you do have a right not to disclose the information; however, by doing so you may impact our ability to ensure equality of opportunity.

**Data protection**

The information you provide is anonymous and will not be stored with any identifying information about you. We may use anonymized statistics and data you have provided to have discussions about how to improve the diversity and spread of our service, but no information will be published or used in any way which allows any individual to be identified. All details are held in accordance with the Data Protection Act 1998.

The information that we need, as outlined in the 2010 Equality Act, includes information about age, disability, gender reassignment, marital status, maternity, race, religious belief, sex, and sexual orientation.

If you would like the form in an alternative format, or would like help in completing the form, please contact us using the details provided in the Application Information Pack.

**Please select the boxes that are relevant to you.**

**Ethnicity**

Please select what you consider your ethnic origin to be. Ethnicity is distinct from nationality.

|  |  |  |
| --- | --- | --- |
| **Asian/Asian British** | **Black/African/Caribbean/ Black British** | **Other ethnic group** |
| ☐ Indian  ☐ Pakistani  ☐ Bangladeshi  ☐ Chinese  ☐ Any other Asian background | ☐ Caribbean  ☐ African  ☐ Any other Black/African/Caribbean background | ☐ Arab  ☐ Any other ethnic group |
| **Mixed/multiple ethnic groups** | **White** | **Rather not say** |
| ☐ White and Black Caribbean  ☐ White and Black African  ☐ White and Asian  ☐ Any other mixed/multiple ethnic background | ☐ English  ☐ Northern Irish  ☐ Scottish  ☐ Welsh  ☐ British  ☐ Irish  ☐ Any other White background | ☐ Rather not say |
| **Age**  ☐ 18 – 24  ☐ 25 – 34  ☐ 35 – 44  ☐ 45 – 54  ☐ 55 – 64  ☐ 65+  ☐ Prefer not to say | **Gender**  ☐ Female  ☐ Male  ☐ Prefer not to say  ☐ If you prefer to use your own term, please specify here \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Sexual Orientation**  ☐ Heterosexual  ☐ Gay  ☐ Lesbian  ☐ Bisexual  ☐ Prefer not to say  ☐ If you prefer to use your own term, please specify her \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Religion / belief**  ☐ No religion or belief  ☐ Buddhist  ☐ Christian  ☐ Hindu  ☐ Jewish  ☐ Muslim  ☐ Sikh | ☐ Prefer not to say  ☐ Other religion or belief \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

**Disability**

You will be considered as having a disability for discrimination purposes if you fit the definition as given in the Equality Act 2010. In the Act, a disability is a “physical or mental impairment which has a substantial and long-term adverse effect on a person’s ability to carry out normal day to day activities” For these purposes “long term” is taken to mean the condition is likely to last longer than 12 months or likely to recur.

Do you consider yourself to have a disability or health condition?

☐ Yes

☐ No

☐ Prefer not to say

If you selected yes, please indicate your disability:

☐ Vision (e.g. blindness or partial sight)

☐ Hearing (e.g. deafness or partial hearing)

☐ Mobility (e.g. difficulty walking short distances, climbing stairs, lifting and carrying)

☐ Learning, concentrating, remembering

☐ Mental Health

☐ Stamina or breathing difficulty

☐ Social or behavioural issues (e.g. neuro diverse conditions such as Autism, Attention Deficit Disorder or Asperger’s Syndrome)

☐ Other impairment

☐ Prefer not to say