



CONFIDENTIAL 2017 PSYCHOSOCIAL SUPPORT REQUEST FORM

Briefing / Counselling / Debriefing / Vocational Counselling / Coaching & Supervision

Organisation requesting services		
Date		
Person authorising services		
Telephone contact (of above)		
Mobile contact (of above)		
Email contact (of above)		
Name of staff member/delegate		
Contact telephone/mobile number of staff member/delegate		
Email details of staff member/delegate		
Role/position of staff member/delegate		
Country and duration of deployment		
Nature of the project		
Reason for request		
Please tick one:	<input type="checkbox"/> Pre-deployment Briefing	<input type="checkbox"/> Supervision/Coaching
	<input type="checkbox"/> Post-deployment Debriefing	<input type="checkbox"/> Counselling
	<input type="checkbox"/> Management Support	<input type="checkbox"/> Vocational Counselling
Any specific issues to be addressed		
Any known risk factors/vulnerabilities that counsellors should be alerted to	<i>Please note that information disclosed will be discussed openly with the delegate at the outset of counselling/debriefing.</i>	
Authorised upper limit of counselling hours		
No. sessions anticipated		
Preferred date/s	1 2	
Is any feedback or report required? If so, please describe.		
Billing details: Is name of staff member/delegate to appear on invoice? YES / NO <u>If NO, please provide alternative reference number or code for invoicing purposes.</u>	Attention: Address: PO Number:	

Does the organisation agree to pay for counselling services if postponed within 24 hours of the scheduled appointment?
(charged at AUD \$185 per hour + GST effective 1st July 2016)?

SIGNED: _____ DATED: _____