***Employment Assistant Programme Enquiry Form***

***(Please complete this form in the white areas only)***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***Name of Company*** | | | | | |
|  | | | | | |
| **Name of Contact and Position in Company** | | | | | |
|  | | | | | |
| ***Address of Company***  ***(Please include any ‘satellite’ sites)***  **Additional sites can be documented on a separate sheet of paper**  **Site 1 Site 2** | | | | | |
| **Street 1** |  | | **Street 1** |  | |
| **Street 2** |  | | **Street 2** |  | |
| **Street 3** |  | | **Street 3** |  | |
| **County** |  | | **County** |  | |
| **Postcode** |  | | **Postcode** |  | |
| **Country** |  | | **Country** |  | |
|  | | | | | |
| **Landline** |  | | **Mobile** |  | |
| **Email** |  | | **Web** |  | |
| **Please document what services your company is interested in? Please tick box** | | | | | |
| |  | | --- | | One to one Counselling |   **Session 60 minutes** | |  | |  | | --- | | Bespoke training |   **Session 2-7 hours** | |  |
| |  | | --- | | Pre- awareness stress management information **Session 2 hours** | | |  | Getting employees back to work  **Session 1 hour** | |  |
| |  | | --- | | Pre- awareness stress management seminar |   **Session ½ day 4 hours** | |  | Critical Incident Stress Debriefing  **Session 1-2 full days** | |  |
| |  | | --- | | Pre- awareness stress management workshop |   **Session full day 7 hours** | |  | Critical Incident Stress Defusing  **Session 2 hours** | |  |
| Vicarious Traumatisation  **Session 2-4 Hours** | | | | |  |