

SELF-REFERRAL

Request for Coaching

Staff member details:			
Name		Job role	
Organisation		Email	
Telephone		Mobile	
Work Address			
Reason for requesting a coach: (please tick)			
	Leading service improvement or development initiatives		
	Facing a work based challenge		
	Newly appointed to role		
	Personal development		
	Developing Communication Skills Competencies		
	Other (please state)		
Goals for Coaching			
Signature		Date	

Line Manager/Clinical Director details:			
Line Manager/Clinical Director details (<i>it is not compulsory for your line manager to be informed of your coaching application or to complete this section. However, if you are informing your line manager of your application, you may wish them to complete this section</i>).			
Name		Email	
Telephone		Mobile	
Supporting Comments			
Signature		Date	

Please return form to winifred.ryan@hse.ie

If you have any queries, please contact: Winifred Ryan @ 087 629 7028 and winifred.ryan@hse.ie