**HEE Wessex Professional Support and Wellbeing Unit – Case Manager Assessment (Form C)**

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| **Trainee No & Initials** |  |
| **Trainee email** |  |
| **Trainee telephone** |  |

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| **Date of assessment:** |  |
| **Case manager:** |  |

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| **Issues identified by referrer and action taken so far:** |  |
| **Trainee’s perspective/contextual issues:** |  |
| **Case manager’s summary:** |  |
| **Proposed action plan:** |  |
| **Trainee agreement for this form to be shared** | (Case managers, please add names of those that will be sent a link to this form after the trainee has seen and agreed the content.  This is usually the referrer and members of the Specialist Support Group that you are asking to see the trainee, if thought to be appropriate.  Ask the trainee to e-mail you to confirm they are happy for you to share the form.) |

**Please note, the PSW case manager is sharing this strictly confidential information with you based on the trainee’s consent outlined above. Additional consent from the trainee should be sought before sharing this form with any individual not listed above.**