

Global Employee Referral Form for EAP Services



Section 1: Organisation Details:

Organisation Name:		Department:	
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Section 2: Referring Manager(s):

1. Referring Manager Name		Email:	
		Telephone:	
2. Referring Manager Name		Email:	
		Telephone:	

Section 3: Employee Information:

First Name:		Last Name:	
Telephone:		<input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work	<input type="checkbox"/> Messages are permitted <input type="checkbox"/> Do not leave messages
Date of Birth:		Job Title:	
Email:		Address:	

Section 4: Reason for Referral:

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Section 5: Terms regarding the release of confidential information:

The completion and submission of this form allows Workplace Options to confirm only to the referring manager(s) listed above whether or not contact has been successfully made with this employee and the agreed course of action established, such as referral to EAP counselling or referral to outside resources. Confirmation of attendance will only be shared with the express consent of the employee as detailed in Section 6.
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Section 6: Employee consent for release of additional information:

I, the above named employee, consent to the following information to be released as it relates to the reason for my referral both during the course of the referral and in a confidential report to the referring manager(s) listed above, at the conclusion of the referral: <ul style="list-style-type: none">Appointment dates and attendance <input type="checkbox"/> Yes, I agree this information may be released to the referring manager(s) listed above. <input type="checkbox"/> No, I do not wish this additional information to be released. Please tick if you wish to review the report before it is released to the Referring Manager(s): <input type="checkbox"/> Yes, I wish to review the report.
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Section 7: Agreement to terms of referral (please note that an employee signature is required):

I understand that this authorisation may include previous contact and participation with Workplace Options EAP, as related to the reason for this referral, and will expire automatically one year from the date of the employee signature below or upon receipt of written notification to Workplace Options EAP.

Employee Signature:		Manager Signature:	
Date:		Date:	