

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. Any additional information, such as appointment dates, confirmation of attendance, treatment goals as related to the reason for referral, or recommendations will only be shared with the express consent of the employee as detailed in Section 6.

Is additional information required? ☐ Yes (Please go to section 6) ☐ No (Please go to section 7)

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:

- Appointment dates and attendance
- Progress made toward counselling goals
- Agreed goals for counselling
- Recommendations and Referrals

☐ Yes, I agree this information may be released to the referring manager(s) listed above.

☐ 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): ☐ Yes, I wish to review the report.

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, as related to the reason for this referral, with **Workplace Options** EAP 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:	