

**MANAGER FORMAL
REFERRAL FORM**



Employee Name: _____

Referring Manager: _____

Organisation: _____

Presenting Issue/s:

Work Performance Affected: (Detail Clearly)

Disciplinary Process: (Detail Clearly)

Expected Outcomes of EAP Support:

Additional Information:

Signed:

Date: _____ Employee: _____ Position: _____

Work Phone: _____ Mobile: _____

Manager: _____ Position: _____

Work Phone: _____ Mobile: _____

Email: _____

Important Notes:

This form is to provide the EAP Services Professional with appropriate information in relation to a formal manager referral. Both parties must sign this form and thereby agreement is reached that this form will be given to the EAP Services Professional prior to or at the first session.

AUCKLAND

EAP Services Limited
Level 13, 16 Kingston St
PO Box 5931, Wellesley St
Auckland 1141, New Zealand
Phone 64 9 358 2110 Fax 64 9 358 2560
Email ak@eapservices.co.nz

WELLINGTON

EAP Services Limited
Level 1, 35-37 Victoria St
PO Box 11226, Manners St
Wellington 6142, New Zealand
Phone 64 4 472 5886 Fax 64 4 472 5323
Email wn@eapservices.co.nz

CHRISTCHURCH

EAP Services Limited
Level 1, 25 Mandeville St
PO Box 8285, Riccarton
Christchurch 8440, New Zealand
Phone 64 3 348 0854 Fax 64 3 348 5540
Email ch@eapservices.co.nz

0800 327 669

partnering for performance
www.eapservices.co.nz

**AUTHORISATION
FOR DISCLOSURE
OF INFORMATION**



To: _____ Position _____

Address: _____

Telephone: _____ Mobile: _____

I _____ hereby authorise EAP Services Limited to discuss the following information of my EAP support with my employer or manager named above.

I understand I have the right to inspect any written information that may be disclosed.

Signed: _____ Date: _____

Organisation: _____

Signed by Witness: _____ Date: _____

AUCKLAND

EAP Services Limited
Level 13, 16 Kingston St
PO Box 5931, Wellesley St
Auckland 1141, New Zealand
Phone 64 9 358 2110 Fax 64 9 358 2560
Email ak@eapervices.co.nz

WELLINGTON

EAP Services Limited
Level 1, 35-37 Victoria St
PO Box 11226, Manners St
Wellington 6142, New Zealand
Phone 64 4 472 5886 Fax 64 4 472 5323
Email wn@eapervices.co.nz

CHRISTCHURCH

EAP Services Limited
Level 1, 25 Mandeville St
PO Box 8285, Riccarton
Christchurch 8440, New Zealand
Phone 64 3 348 0854 Fax 64 3 348 5540
Email ch@eapervices.co.nz

0800 327 669

partnering for performance
www.eapervices.co.nz