

Career Transition - Referral Form

Organisation/Company name: _____

Location of staff member: _____

P/O number (if applicable): _____

- Tick the approved package:
- Standard Package (4 sessions)
Suitable for CV and LinkedIn profile writing support and interview skills
 - Wrap Around Package (6 sessions)
 - Extended Wrap Around Package (6 sessions + 2 feedback sessions)

Employee has current CV: Yes No

If yes - please attach or bring to your first appointment.

Details for Career Transition (i.e. CV creation, CV review and update, job seeking or interview skills), & any other comments:

Additional comments (optional):

Employee name: _____

Position: _____

Work email: _____

Mobile: _____

Personal email: _____

Signature: _____

Date of birth: _____

Date: _____

Manager name: _____

Position: _____

Email: _____

Mobile: _____

Date: _____

Signature: _____

This form is to provide the EAP Services Professional with appropriate information in relation to this career transition. Both the manager and the employee must initial and sign this form; thereby agreeing for this form to be emailed to manager.referral@eapservices.co.nz in order for the EAP Services to then contact the employee to schedule their first career transition session. Please note, career transition sessions are a specialist service and are invoiced at a higher sessional rate.