

Career Transition - Referral Form

Organisation/Company name: _____

Town/Suburb of staff member: _____

P/O number (if applicable): _____

Tick the approved package: ☐ Standard Package (4 sessions)
☐ Wrap Around Package (6 sessions)
☐ Extended Wrap Around Package (6 sessions + 2 feedback sessions)
☐ CV writing support (1 session)
☐ LinkedIn Profile (1 session)

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: _____

Work phone: _____

Work email: _____

Personal email: _____

Position: _____

Personal mobile: _____

Signature: _____

Date: _____

Manager name: _____

Work phone: _____

Email: _____

Date: _____

Position: _____

Mobile: _____

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.