

DRUG AND ALCOHOL INTERVENTION - MANAGER REFERRAL FORM

COMPANY

Organisation		Division	
P/O Number		Location	

SIGNATURES

Employee Name		Work Phone	
Job Title		Mobile	
Business Group/Division		Location	
E-mail		Signature	_____
Date			
Referring Manager Name		Work Phone	
Job Title		Mobile	
E-mail		Signature	_____
Date			
Other Manager Name		Work Phone	
Job Title		Mobile	
E-mail		Signature	_____
Date			

AUTHORITY TO PROVIDE FEEDBACK – EMPLOYEE TO COMPLETE

I _____, hereby authorise EAP Services Limited to provide written information to the person(s) named above in the form of a Record of Attendance Report after each planned session and a Final Report on completion of the Programme. The information contained in these reports will include, but is not limited to: attendance information; engagement assessment; and future recommendations from the EAP Counselling Professional. I understand I have the right to read these reports.

Date		Signature	
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This form is to provide EAP Services with appropriate information in relation to this Referral. The Manager(s) and the employee must sign this form; thereby agreeing for this form to be emailed to intervention@eapservices.co.nz

On receipt of this form, EAP Services will contact the employee to schedule their first appointment with an EAP counselling professional with expertise in drug and alcohol intervention programmes.