

## MANAGER FORMAL REFERRAL FORM

EMPLOYEE NAME: \_\_\_\_\_ MANAGER NAME: \_\_\_\_\_

ORGANISATION: \_\_\_\_\_ P/O NUMBER: \_\_\_\_\_

PRESENTING ISSUES/S: \_\_\_\_\_

WORK PERFORMANCE AFFECTED (Detail Clearly). \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PERFORMANCE PROCESS (Detail Clearly). \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EXPECTED OUTCOMES OF EAP SUPPORT: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### AUTHORITY TO DISCLOSE INFORMATION

I \_\_\_\_\_ hereby authorise EAP Services Limited to release the following information to the person named above.

☐ Letter of attendance detailing dates of sessions and Counsellors/Professionals name.

☐ Other (Please specify).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

**EMPLOYEE NAME:** \_\_\_\_\_ **POSITION:** \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ MOBILE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**MANAGER NAME:** \_\_\_\_\_ **POSITION:** \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ MOBILE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

This form is to provide the EAP Services Professional with appropriate information in relation to this Manager Referral. Both the manager and employee must initial and sign this form; thereby agreeing for this form to be emailed to [Manager.Referral@eapservices.co.nz](mailto:Manager.Referral@eapservices.co.nz) in order for EAP Services to then contact the employee to schedule their first EAP session.