

Manager Formal Referral Form

Employee name: _____ Manager Name: _____

Organisation: _____ P/O number: _____

Location: _____

Presenting issue/s: _____

Work performance affected (detail clearly):

Performance process (detail clearly):

Expected outcomes of EAP support:

Authority to disclose information

I (client/employee), _____ 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 in order for EAP Services to then contact the employee to schedule their first EAP session.