# EAP Manager Referral Form

The purpose for this information is to provide a manager a pathway to request EAP sessions and basic reporting for an employee. The employee understands they may revoke this consent to release information at any time and that upon fulfilment of the stated purpose(s) this consent will automatically expire 12 months from the signed consent without expressed revocation.

***Manager Details***

Name: Click or tap here to enter text.

Company: Click or tap here to enter text.

Mobile: Click or tap here to enter text.

Email: Click or tap here to enter text.

***Employee Details***

Name: Click or tap here to enter text.

Position: Click or tap here to enter text.

Mobile: Click or tap here to enter text.

Email: Click or tap here to enter text.

***Referral Details***

Reason for Referral: Click or tap here to enter text.

Desired Outcomes or Goals: Click or tap here to enter text.

Reporting requirements – Please check the information that is to be reported:

[ ]  Attendance

[ ]  Engagement

[ ]  Recommendations to support communication between manager & employee

The information will be released in the strictest confidence, between:

EAP Service Provider: *Instep EAP*

Company Manager: Click or tap here to enter text.

Attending Provider: Click or tap here to enter text.

***Consent***

I Click or tap here to enter text. freely consent to the release of relevant information relating to my referral into EAP. I understand the reason I have been referred and I willingly participate in this process.

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: Click or tap to enter a date.

Manager Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: Click or tap to enter a date.

Witness Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: Click or tap to enter a date.

*Please send the completed form to* admininstep@scgnz.org *to start the process.*