**Work with Substance Programme - Manager Referral**

Please fill in this form to refer your employee into the Work with Substance Programme. Work with Substance provides a supportive approach to addiction rehabilitation as it relates to the workplace. The service has the potential to positively impact the individual’s life, their family and the safety and culture of their team.

|  |  |
| --- | --- |
| **Date:** | Click or tap here to enter text. |
| **Company:** | Click or tap here to enter text. |
| **Worksite:** | Click or tap here to enter text. |

**Referral Details (Employee)**

|  |  |
| --- | --- |
| Name: | Click or tap here to enter text. |
| Mobile: | Click or tap here to enter text. |
| Email: | Click or tap here to enter text. |
| Address: | Click or tap here to enter text. |
| Date of Birth: | Click or tap here to enter text. |
| Job Title: | Click or tap here to enter text. |

**Manager Contact Details**

|  |  |
| --- | --- |
| Name: | Click or tap here to enter text. |
| Mobile: | Click or tap here to enter text. |
| Email: | Click or tap here to enter text. |
| Job Title: | Click or tap here to enter text. |

**Programme Entry Details**

|  |  |
| --- | --- |
| Reason for Entry into the Programme:  | [ ]  Voluntary [ ]  Non-Voluntary  |
| Addictive Substance:  |  |
| Safety/Risk Concerns:  |  |

**Reason for Drug Test (if applicable):**

|  |  |
| --- | --- |
| Pre-Employment | [ ]  |
| Random | [ ]  |
| Reasonable cause | [ ]  |
| Post-incident | [ ]  |
| Voluntary | [ ]  |
| Date of Drug Tests:  | Click or tap here to enter text. |
| Result of Drug Tests:  | Click or tap here to enter text. |

**Current Job Status**

|  |  |
| --- | --- |
| At work on full pay | [ ]  |
| At work, light duties | [ ]  |
| Stood down on full pay | [ ]  |
| Stood down | [ ]  |
| On leave | [ ]  |
| Other | Click or tap here to enter text. |
| Has an official letter of warning been presented to this employee? | [ ]  Yes [ ]  No |

**Other Relevant Information**

|  |  |
| --- | --- |
| Are there any other key factors that would be useful for the Addictions Practitioner to know?  | Click or tap here to enter text. |
| Has there been any recent changes in behaviour; changes in their relationship with colleagues/management; deterioration in their work performance; absenteeism?  | Click or tap here to enter text. |
| Length of time with Company: | Click or tap here to enter text. |
| What internal supports are available to the employee? | Click or tap here to enter text. |
| Additional comments: | Click or tap here to enter text. |

*Once completed, please send this form to* *admininstep@scgnz.org* *to initiate the process.*

**Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** Click or tap here to enter text.

**Title:** Click or tap here to enter text.