

MANAGER REFERRAL FORM

Umbrella and REACH provide work-place funded psychological and counselling services with the aim of improving well-being.

This form is to be completed by the referrer (leader, manager and/or organisation representative) with the employee they wish to refer. The information contained in this referral will be provided to Umbrella | REACH and discussed with the employee.

Although a referrer can request that Umbrella | REACH see an employee, this is a voluntary service. If an employee does not wish to provide their information or speak to one of our practitioners, we respect this choice.

Often the referrer would like feedback or information about the employee's progress and/or recommendations for supporting the person in the workplace. While the referrer is free to request this information, Umbrella | REACH's EAP services are regarded as confidential. Therefore, we are unable to provide information unless it is with the relevant employee's consent. Prior to providing any requested information to a third party, Umbrella | REACH will discuss this with the employee and will only do so with their written consent.

The exceptions to this general obligation of confidentiality, include if Umbrella | REACH is required to do so by law or believes there is a serious threat to the health or life of any person.

MANAGER REFERRAL FORM

PERSONAL INFORMATION (EMPLOYEE BEING REFERRED)

Full Name	<input type="text"/>		
Phone Number	<input type="text"/>	E-Mail	<input type="text"/>

REFERRER DETAILS (LEADER, MANAGER, ORGANISATION REPRESENTATIVE)

Full Name	<input type="text"/>		
Role/relationship to employee eg: Manager, HR, H&S	<input type="text"/>		
Phone Number	<input type="text"/>	E-Mail	<input type="text"/>

Reporting requests. What specific information (if any) does the referrer wish to receive?

Please refer to page 2 for regarding this

<input type="checkbox"/>	Number of sessions attended	<input type="checkbox"/>	Further sessions requested	<input type="checkbox"/>	Strategies to assist employee's wellbeing in workplace
<input type="checkbox"/>	Other reporting requests (if applicable) <input type="text"/>				
Goals or desired outcomes of referral		<input type="text"/>			
Agreed reason for referral		<input type="text"/>			

Signing here, signifies that you agree to this information being passed to Umbrella | REACH for the purposes of providing psychological and/or counselling services to the employee.

Please note: If the referrer has requested information about the employee, Umbrella | REACH will discuss this with the employee and can only provide this with the employees specific, written permission.

SIGNATURES

Signature (Employee)	<input type="text"/>	Signature (Manager)	<input type="text"/>
Full Name	<input type="text"/>	Full Name	<input type="text"/>
Date	<input type="text"/>	Date	<input type="text"/>

Please return the form to: bookings@eapumbrella.org.nz