Reach EAP

Manager Referral Form

Reach EAP 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 Reach EAP and discussed with the employee.

Although a referrer can request that Reach EAP 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, Reach EAP's 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, Reach EAP 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 Reach EAP is required to do so by law or believes there is a serious threat to the health or life of any person.



Reach EAP

Manager Referral Form

Personal information (employee being referred)

Full Name		Phone Number	
Email Address			
Referrer details (leader, manager, organisation representative)			
Reporting requests. What specific informal Please refer to page 2 for regarding this.	nation (if any) does	the referrer wish to receiv	ve?
	Number of sessio attended	ns Further sessions requested	Strategies to assist employee's wellbeing in workplace
Other reporting requests (if applicable)			
Goals of desired outcomes of referral			
Agreed reason for referral			
Signatures			
Signing here, signifies that you agree to t		~ .	for the purposes of
providing psychological and/or counselling Please note: If the referrer has requested information	_	•	n the employee and can only
provide this with the employees specific, written pe	ermission.		
Full Name (Employee)	Date	Signa	ture
Full Name (Manager)	Dete	Simon	Nun
ruii ivaille (iviallagei)	Date	Signa	luie

