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Confidential Managerial Referral Form *(If applicable based on benefits purchased)*

1. Company details:

Date: D D M M Y Y Y Y

Company name/Member

Programme (i.e. FundsAtWork; Health4Me; Momentum Medical Scheme)

2. Referral type:

Informal referral: Feedback regarding the dates and number of sessions and whether risk was identified. ☐

Managerial referral: Acknowledgement of referral, appointment date, initial, interim and final progress report will be provided to the referrer. ☐

3. Identifying details:

Referrer's details:

Full name:			
Department:		Position:	
Employee/ID number:		Office no:	
Email address:		Cell no:	

Employee's details:

Full name:			
Department:		Position:	
Employee/ID number:		Office no:	
Email address:		Cell no:	

Preferred counselling platform: Virtual: ☐ Face-to-face: ☐

Preferred areas for face-to-face counselling: *(If applicable based on benefits purchased)*

1.

2.

3.

Preferred language for counselling:

4. Reasons for referral:

5. Checklist:

The checklist below is a guide to help identify and clarify changes in an employee's work performance and behaviour that may indicate an underlying work-related or personal issue.

The information you use in assessing an employee's situation may come from your own observations, through feedback from the employee's co-workers, through customer or client feedback, or be communicated to you directly by the employee.

Please only tick or complete this information once you have discussed the managerial referral with the employee and only tick the agreed upon performance areas.

Addiction							
Alcohol abuse	☐	Chemical abuse (over-the-counter medicine)	☐	Drug abuse	☐		
Digital abuse	☐	Gambling	☐	Pornography	☐		
Nicotine	☐	Shopping	☐	Sex	☐		
Legal problems	☐	Financial problems	☐	Mental health issues	☐		

Work-related problems							
Absenteeism/extended leave/medical boarding	☐	Grievance	☐	Relocation	☐		
Organisational change	☐	Job dissatisfaction	☐	Resignation	☐		
Burnout	☐	Arriving late for work	☐	Retirement	☐		
Conflict with a colleague/team	☐	Performance management concern	☐	Retrenchment/restructuring	☐		
Conflict with manager	☐	Poor job fit	☐	Sexual harassment	☐		
Disciplinary issues/suspension	☐	Reduced productivity	☐	Victimisation	☐		
Discrimination	☐	Reintegration back to work	☐	Work environment/conditions	☐		
Workload	☐						

Family							
Adoptions	☐	Child behavioural problems	☐	Child abuse	☐		
Parenting challenges	☐						

Gender-based violence							
Sexual abuse/assault	☐	Physical abuse/assault	☐	Bullying	☐		
Harassment	☐	Emotional abuse	☐				

HIV/Aids							
HIV-infected	☐	HIV-affected	☐	Non-compliance of treatment	☐		

Relationship issues							
Separation	☐	Divorce	☐	Pre-marital counselling	☐		
Relationship conflict	☐	Conflict with family members	☐				

Risk			
Suicidal	☐	Homicidal	☐
Safety risk	☐	Suicide attempt	☐

Trauma							
Car accident	☐	Community unrest/strike	☐	Hijacking	☐		
Home invasion	☐	House breaking	☐	Kidnapping	☐		
Loss of loved one	☐	Miscarriage or stillbirth	☐	Robbery	☐		
Witness to death of another	☐	Witness to traumatic incident	☐				

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5. Checklist (continued)

Work-related trauma					
Averted collision	☐	Commuter violence and accidents	☐	Rail violence incident	☐

Other

6. Services required

Please indicate the intervention(s) you would like us to make through counselling and your expectation(s) from this referral (the feedback report we send you will speak directly to the expectation(s) you indicate below).

Trauma counselling	☐	You are unsure	☐
Lifestyle management	☐	Psycho-education	☐
Couple/family therapy	☐	Performance assessment	☐
Parental guidance	☐	Grief counselling	☐
Support around mental health/physical condition	☐	Support around a new life context	☐
Medical advice	☐	Financial guidance	☐
Supportive counselling	☐	Self-development	☐
Assessment and recommendation	☐	Stress management	☐
Mediation	☐	Leadership coaching	☐
Referral to other services/resources	☐	Anger management	☐
Legal guidance	☐	Debt guidance	☐

I hereby agree to be referred for counselling as part of the managerial referral process according to my preferences.

I hereby provide consent for the relevant feedback to be provided to the referrer.

I agree for relevant information to be provided to the person specified below as a 3rd party or co-referrer.

Employee name:		Signature:	
Referrer name:		Signature:	
Co-referrer name:		Signature:	