



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

1. Company details:

Date:

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: ☐

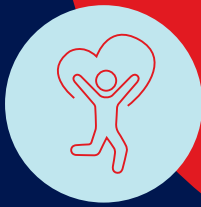
Preferred areas for face-to-face counselling: 1

(If applicable based on benefits purchased) 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		



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:	