

Confidential

Managerial referral form

Date:

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1. Company details:

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.
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	<input type="checkbox"/>	Chemical abuse (over the counter medicine)	<input type="checkbox"/>	Drug abuse	<input type="checkbox"/>
Digital abuse	<input type="checkbox"/>	Gambling	<input type="checkbox"/>	Pornography	<input type="checkbox"/>
Nicotine	<input type="checkbox"/>	Shopping	<input type="checkbox"/>	Sex	<input type="checkbox"/>
Legal problems	<input type="checkbox"/>	Financial problems	<input type="checkbox"/>	Mental health issues	<input type="checkbox"/>



COVID-19 pandemic					
Addictive behaviours	<input type="checkbox"/>	Adjustment to caring for a parent with the virus	<input type="checkbox"/>	Anxiety	<input type="checkbox"/>
Change of work role	<input type="checkbox"/>	Child care related issues	<input type="checkbox"/>	Grief	<input type="checkbox"/>
Trauma	<input type="checkbox"/>	Current work role	<input type="checkbox"/>	Mental health issues	<input type="checkbox"/>
Family disruptions	<input type="checkbox"/>	Fear of self or significant other contracting the virus	<input type="checkbox"/>	Financial issues	<input type="checkbox"/>
Harassment	<input type="checkbox"/>	Health awareness	<input type="checkbox"/>	Legal issues	<input type="checkbox"/>
Parenting issues	<input type="checkbox"/>	Relationship issues	<input type="checkbox"/>	Poor coping skills	<input type="checkbox"/>
Pre-existing chronic health challenges	<input type="checkbox"/>	Positive test result	<input type="checkbox"/>		
Work-related problems					
Absenteeism / extended leave/ medical boarding	<input type="checkbox"/>	Grievance	<input type="checkbox"/>	Relocation	<input type="checkbox"/>
Organisational change	<input type="checkbox"/>	Job dissatisfaction	<input type="checkbox"/>	Resignation	<input type="checkbox"/>
Burnout	<input type="checkbox"/>	Arriving late for work	<input type="checkbox"/>	Retirement	<input type="checkbox"/>
Conflict with a colleague / team	<input type="checkbox"/>	Performance management concern	<input type="checkbox"/>	Retrenchment / restructuring	<input type="checkbox"/>
Conflict with manager	<input type="checkbox"/>	Poor job fit	<input type="checkbox"/>	Sexual harassment	<input type="checkbox"/>
Disciplinary issues / suspension	<input type="checkbox"/>	Reduced productivity	<input type="checkbox"/>	Victimisation	<input type="checkbox"/>
Discrimination	<input type="checkbox"/>	Reintegration back to work	<input type="checkbox"/>	Work environment / conditions	<input type="checkbox"/>
Workload	<input type="checkbox"/>				
Family					
Adoptions	<input type="checkbox"/>	Child behavioural problems	<input type="checkbox"/>	Child abuse	<input type="checkbox"/>
Parenting challenges	<input type="checkbox"/>				
Gender based violence					
Sexual abuse / assault	<input type="checkbox"/>	Physical abuse / assault	<input type="checkbox"/>	Bullying	<input type="checkbox"/>
Harassment	<input type="checkbox"/>	Emotional abuse	<input type="checkbox"/>		



HIV / Aids					
HIV-infected	<input type="checkbox"/>	HIV-affected	<input type="checkbox"/>	Non-compliance of treatment	<input type="checkbox"/>
Relationship issues					
Separation	<input type="checkbox"/>	Divorce	<input type="checkbox"/>	Pre-marital counselling	<input type="checkbox"/>
Relationship conflict	<input type="checkbox"/>	Conflict with family members	<input type="checkbox"/>		
Risk					
Suicidal	<input type="checkbox"/>	Homicidal	<input type="checkbox"/>	Suicide attempt	<input type="checkbox"/>
Safety risk	<input type="checkbox"/>				
Trauma					
Car accident	<input type="checkbox"/>	Community unrest / strike	<input type="checkbox"/>	Hijacking	<input type="checkbox"/>
Home invasion	<input type="checkbox"/>	House breaking	<input type="checkbox"/>	Kidnapping	<input type="checkbox"/>
Loss of loved one	<input type="checkbox"/>	Miscarriage or still birth	<input type="checkbox"/>	Robbery	<input type="checkbox"/>
Witness death of another	<input type="checkbox"/>	Witness traumatic incident	<input type="checkbox"/>		
Work related trauma					
Averted collision	<input type="checkbox"/>	Commuter violence and accidents	<input type="checkbox"/>	Rail violent incident	<input type="checkbox"/>
Other					
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

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

I hereby agree to be referred for counseling 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:
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Referrer name:	Signature:
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Co-referrer name:	Signature:
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