REFERRAL TO THE SERVICE PROVIDER FOR WELLNESS SERVICES.

Personal Details of Employee to be referred

Name and Surname	
Employee no.	
Designation	
Department and Section	
Contact No.	
Supervisor's Name	
Supervisor's Contact no	
Workstation	
Residential Address	

Reason for referral

Is the employee in a safety-critical position?	Yes		No	
Is the referral for a safety-risk assessment and recommendations?	Yes		No	
Has the employee been removed from duty and /or placed on alternative duty?	Yes		No	
Is there a current disciplinary process in place related to this referral?	Yes		No	
Is there a current incapacity or disability process in place related to this referral?	Yes		No	
Has the employee agreed to the formal referral process and counselling?	Yes		No	
Has the employee consented to a written feedback report, to be provided to the Referring manager at the end of counselling?	Yes		No	

Problems impacting occupational functioning/ work performance (please tick relevant problem(s)					
Absenteeism		Interpersonal conflict with colleagues		Poor time management	
Accident on duty		Interpersonal conflict with manager/team leader		Poor work performance	
Anger outburst at work		Interpersonal violence at work		Positive breathalyzer	
Bulling / victimization		Non-compliance to company rules and regulations		Retrenchment / Restructuring	
Damage to property		Onsite accident		Risk to self or other	
Demotivated				Risk to the organisation (e.g., fraud, legal, threat)	
Difficulty completing tasks		Onsite injury		Sleeping on duty	
Difficulty concentrating		Onsite trauma, death, loss		Suicidal	

Difficulty following instructions		Performance management process		Suspected alcohol use at Work	
Disciplinary process		Personal trauma		Unable to meet deadlines	
Disclosure of substance abuse		Physical complaints/illness			

Disrupt / undesirable behaviour at work		Poor ability to function in the team		Unable to meet deliverables	
Drunk on duty		Poor coping and problem solving		Unauthorized leave	
Emotional dysregulation		Poor hygiene/appearance			
Excessive sick leave		Other (Please elaborate)			
Extended lunch / Tea break					
Frequently late					
Frequently leaves early					
Frequently makes mistakes					

Name of Referee **Date**

Employee Wellness Professional **Date**