



Employee Assistance Programme (EAP) Service Referral Form

All information provided to EAP is treated with confidentiality

Details of staff member being referred

Name		Correspondence Address and Eircode
Date of Birth		
Mobile No		
E-mail		Work Location
Job Title		

Reason for Referral

Please provide brief details (avoid mentioning names)

Referrer's Information

Occupational Health: <input type="checkbox"/>	Line Manager: <input type="checkbox"/>	Other: <input type="checkbox"/>
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Referrer Name (Block Caps):

Phone Number:

Grade:

Location:

Referrer Signature _____

Date _____

Employee's Consent

Can we contact you by Email Phone Text

I agree to the EAP Service confirming my attendance

at the first session/meeting with the referring party upon request.

Signature _____

Date _____

Please return completed referral form to your regional EAP office

Area	Contact details
<ul style="list-style-type: none"> Dublin North City & County, Louth & Meath 	employee.assistance@hse.ie
<ul style="list-style-type: none"> Dublin South & County, Kildare and Wicklow 	employee.assistance@hse.ie
<ul style="list-style-type: none"> South East Dublin, East Wicklow & North Wexford 	EAP.SE@hse.ie
<ul style="list-style-type: none"> Laois, Longford, & Westmeath Cavan and Monaghan 	employee.assistance@hse.ie
<ul style="list-style-type: none"> Kilkenny, Carlow & South Tipperary Waterford & Wexford 	EAP.SE@hse.ie
<ul style="list-style-type: none"> Galway, Mayo and Roscommon 	employee.support@hse.ie
<ul style="list-style-type: none"> Donegal, Leitrim and Sligo 	eap.nw@hse.ie
<ul style="list-style-type: none"> Limerick, Clare & North Tipperary 	eap.referral@hse.ie
<ul style="list-style-type: none"> Kerry 	MaryP.ODonnell@hse.ie jenny.corbett@hse.ie
<ul style="list-style-type: none"> Cork City and County 	Eap.cork@hse.ie