HSE Employee Assistance Programme

REFERRAL FORM

EAPandME
Employee Assistance Programme

- **Manager (or Third Party) Referrals:** Please complete **ALL** sections
- **Staff Self-Referrals:** Please complete section 2, 3, 4 & 5
- Please complete this form as accurately and fully as possible to help us provide the best support.
- Once you have completed the form, please return to **eap.referral@hse.ie**

Section 1 - Referral Information

Person Referring:

Phone:

Grade:

Location:

Signature:

Referral Type: Line Manager ☐ Occ. Health ☐ Other ☐

Section 2 - Staff Member Details

Date of Referral:

Date of Birth:

Name:

Home Address: (including Eircode)

Contact Details:

Email -

Phone -

Preferred Contact: Phone ☐ Email ☐ Text Message ☐

Section 3 – Job Details of Staff Member

Role / Title :

Grade:

Location:

Section 4 – Reason for Referral

Please provide brief details (avoid mentioning names)

Section 5 – Employee Consent for EAP Service Contact

☑ **I** consent **to receiving a call from EAP to arrange an appointment (please sign below)**

☑ I agree to the EAP **c**onfirming my attendance at the first session with the referring party upon request

Signature:

Date:

PLEASE NOTE – Employee consent is required. If no signature obtained please indicate reason below