NAMIBIA UNIVERSITY OF SCIENCE AND TECHNOLOGY
Department: Human Capital

13 Jackson Kaujeua Street
Private Bag 13388
Windhoek
NAMIBIA

T: +264 61 207 9111
F: +264 61 207 9255
E: hrs@nust.na
W: www.nust.na

CONFIDENTIAL

Employee Assistance Programme (EAP) – Peer Referral Form

Section A: Employee Details

- Employee Name: _____
- Employee Number: _____
- Department/Faculty: _____
- Contact Number: _____
- Email Address: _____

Section B: Referring Peer Details

- Referring Peer Name: _____
- Relationship (e.g., colleague, peer educator): _____
- Contact Number: _____
- Date of Referral: _____

Section C: Reason for Referral

(Please tick all that apply)

☐ Stress / Burnout
☐ Workplace conflict
☐ Mental health concerns (e.g., anxiety, depression)
☐ Substance use / alcohol concerns
☐ Bereavement / grief
☐ Relationship / family difficulties
☐ Financial stress
☐ Other (please specify): _____

Section D: Brief Description of Concern

(Provide a short, factual description of the concern that prompted the referral. Avoid judgmental language.)

Section E: Consent

☐ I have discussed this referral with the employee, and they have agreed to be referred to the EAP.

Signature of Referring Peer: _____ Date: _____

☐ Employee has been informed that this referral is confidential and voluntary.

Signature of Employee (if applicable): _____ Date: _____

Section F: For Official Use Only (Wellness Office / EAP Provider)

- **Date Received:** _____
- **Action Taken / Case Number:** _____
- **Follow-Up Date:** _____