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Department: Human Capital

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CONFIDENTIAL

Employee Assistance Programme – Self Referral Form

Section A: Employee Details

- Full Name: _____
- Staff Number: _____
- Department: _____
- Contact Number: _____
- Email Address: _____

Section B: Reason for Referral

(Please tick or describe the main concern)

☐Personal/Emotional Stress
☐Workplace Stress / Burnout
☐Financial Difficulties
☐Relationship/Family Issues
☐Substance Misuse Concerns
☐Other (please specify): _____

Section C: Support Requested

☐ Counselling
☐ Stress Management Support
☐ Financial Advice
☐ Other: _____

Section D: Declaration & Consent

I hereby request assistance through the Employee Assistance Programme (EAP). I understand that all information will remain strictly confidential and will only be shared with my consent.

Signature: _____ Date: _____