

Employee authorisation for a formal HR referral

Hospitality
Action

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I agree to the Hospitality Action (HA) EAP contacting me to arrange an assessment to ascertain suitability to engage in counselling.

My manager and I have agreed to the following feedback being provided by HA to my employer as relevant:

- That I have taken up the counselling referral
- That the counselling available via the EAP was not suitable for my needs and I have been signposted to more appropriate services.
- That the following issues will be the focus of the counselling

Employee Name

Employee Signature

Date

Referring Managers Name:

Job Title:

Manager's Signature:

Date

In addition to the above, the feedback will be discussed with you during the counselling process. No further information will be given unless you explicitly agree this in advance with Hospitality Action. The only exceptions to this will be if the counsellor considers there to be a risk of harm to either yourself or any other party. In these circumstances, we would endeavour to discuss this with you first.

Formal HR referral form

Referring manager's name	
Job title	
Office telephone number	
Mobile telephone number	
Email address	

Employer		
Name of Employee		
Job Title		
Home Address		
Contact Telephone Numbers	Home	
	Mobile	
	Work	
Email Address		
Contact is preferred between (please state time and date)		
Nature of the Employee's Issues		

Please scan and email these referral forms to **eap@hospitalityaction.org.uk**.