

How to complete this form

Complete the form in full.

Email the completed and signed form to healthycompany@discovery.co.za.

Please ensure that the employee initials each page and provides consent by signing this form.

Please note:

1. The referral form should be completed in as much detail as possible. Information provided in feedback reports will be limited to information provided on the signed referral form (signed by both referring manager/supervisor or HR and the employee). In an effort to uphold the standards of confidentiality, no personal information that is not indicated on the signed form, will be shared with the referrer. Confidentiality will only be divulged in instances where an individual poses a risk to themselves, others or the organisation e.g. (suicidal & homicidal risk, safety risk and/or substance abuse risk).
2. It is in the best interest of the employee and the organisation that the information reported in the form is discussed with the relevant individual employee to ensure that the employee is aware of the reasons for the referral.
3. If this form is not signed by the employee and referring manager/EAP Advisor/ Supervisor/HR, no feedback will be provided. As a result, the referring manager/EAP Advisor/Supervisor/HR is to be provided with feedback regarding the process but only if the relevant employee provided consent to do so. Furthermore, no feedback will be presented to any person/s not listed on the form.
4. Please send completed and signed document to healthycompany@discovery.co.za.

Section A

Date of referral

D	D	M	M	Y	Y	Y	Y
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Referring Representative Details

Name* & surname*																			
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Email*																			
Company*																			
Job title*																			
Business unit*																			

* This field must be completed.

Employee A										Employee B									
Name* & surname*										Name* & surname*									
ID number*										ID number*									
Employee Number*										Employee number*									
Work number*										Work number*									
Cell number *										Cell number *									
Email*										Email*									
Company*										Company*									
Region*										Region*									
Function*										Function*									
Position*										Position*									
Province*										Province*									
Language preference*										Language preference*									
Areas of preference*										Areas of preference*									

* This field must be completed.

This section must be completed by the Line Manager or HR person who is referring the employee.

Is there a current disciplinary or incapacity process related to this referral? Yes ☐ No ☐

If you answered "yes" to the above, please select an option:

Disciplinary process ☐ Incapacity process ☐

Please review the list of work performance-related issues below and select all of the applicable issues impacting the employee's work.

Please provide any known dates and a description of the issue.

* This field must be completed.

Verbal warning	☐	
Written warning	☐	
Final Written warning	☐	
Disciplinary inquiry	☐	
Absenteeism and Attendance:		
Excessive sick leave	☐	
Pattern noticed regarding leave on Mondays, Friday, after and before public holidays and around Payday	☐	
Taking leave without permission from reporting line	☐	
Regular need to leave work early	☐	
Arriving late for work	☐	
Sleeping on duty	☐	
Substance Abuse:		
Under the influence of a substance during working hours	☐	
Tested positive for alcohol / substance	☐	
Productivity Challenges:		
Lower levels of Concentration	☐	

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Missing deadlines	☐	
Regular mistakes with daily tasks	☐	
Poor judgment and decision-making challenges	☐	
Poor excuses for lowered performance	☐	
General Behaviour and Mood:		
Noticeable change in behaviour	☐	
Complaints about behaviour in the workplace	☐	
Decline in appearance and self-care e.g. Hygiene	☐	
Unprovoked aggression	☐	
Sensitive to any form of criticism	☐	
Isolation or lack of communication with colleagues	☐	
Interpersonal Relationships:		
Conflict with report line manager/senior manager	☐	
Conflict with colleagues	☐	
Accident and Trauma Record:		
Involved in accident outside working hours	☐	
Involved in accident with company vehicle	☐	
Near-miss incident/s	☐	

*** This field must be completed.**

1. Reason for Conflict Mediation Referral?

2. How do the employees describe the problem in their own words?

3. Managers/ EAP Advisor/ Supervisor/HR expectations regarding the outcome of the referral:

Section B

1. Consent

As part of the conflict mediation referral process, a Healthy Company coach will contact you once they have received this signed form. The coach may be required to provide feedback to your referring manager, supervisor or another person or party in the form of a report.

Please note: this feedback is based on key findings and recommendations made during and upon completion of the counselling process as they relate to your work performance or as the case may be. Personal information that does not relate directly to your work performance will not be disclosed.

2. Acceptance of referral

By signing this form you agree that all information captured by the referring manager or supervisor is true and correct and that you have received a copy of this form. By signing this form you also provide consent for a Healthy Company coach to:

Contact you, provide counselling and / or referral.

Provide feedback to your referring manager, supervisor or another nominated person or party.

- We agree to be referred to the Employee Wellness Programme.
- We agree to adhere to the Employee Wellness Programme process.
- We agree to inform the wellbeing practitioner 24 hours prior to the scheduled appointment time, should I need to cancel.
- We agree to relevant feedback being given to my Manager/ EAP Advisor, if necessary, as part of the referral process.

Employee A name

Signature

Date

D	D	M	M	Y	Y	Y	Y
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Employee B name

Signature

Date

D	D	M	M	Y	Y	Y	Y
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Referrer's name

Signature

Date

D	D	M	M	Y	Y	Y	Y
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