Healthy Company Group Intervention Session form 2026

Contact us
Tel: **0800 320 420**; PO Box 784262, Sandton, 2146; **www.discovery.co.za**

How to complete this form

- Complete the form in full.
- Email the completed and signed form to **healthycompany@discovery.co.za**

1. Details of the referral

Incident

Number of employees primarily affected

Number of employees that were secondarily affected

Virtual ☐ Face-to-face ☐ Date D D M M Y Y Y Y Time H H : M M

2. Onsite contact person

Please provide the contact details for two onsite contacts. This will help us make arrangements in case we are unable to reach the first onsite contact.

	First Onsite contact	Alternative Onsite contact
Surname		
Name		
ID number		
Telephone		
Email		
Preferred time to call to schedule session	H H : M M	H H : M M

3. Physical address where debriefing will take place

Unit/Suite number

Complex/Building name

Street number

Street name

Suburb

City

Postal code

Venue where workshop will take place

4. Terms and conditions

Group Size Recommendations

To optimize the intended therapeutic benefits, we suggest keeping **group sizes to 15 participants or fewer**, with a minimum of 3 participants.

Booking Changes and Cancellation Policy

- **Changes or cancellations made within 48 hours** of the event will result in a **50% charge of the session cost** (R750).
- Confirmed group debrief sessions with **absent employees** will be billed at **50% of the session cost** (R750).
- Group debrief sessions booked within 48 hours of the event will be treated as emergency cases but will also incur a **50% cancellation fee** in the event of **absence or last-minute cancellations**.

Name of person requesting intervention

Signature

Date D D M M Y Y Y Y

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