



Fife Alcohol Support Service

24 Hill Street Kirkcaldy
Fife
KY1 1HX

EMPLOYEE REFERRAL FORM for ALCOHOL COUNSELLING

01592 206200

On identification of a work performance issue where alcohol consumption may be a factor your employee may benefit from working with one of our alcohol counsellors. Please complete this form and the accompanying mandate and send them to FASS using the address above, or telephone 01592 206200 for further information.

Employee

Employer

Address

Address

Telephone

HR Contact

Mobile

Telephone

Employee consent to contact at Address/Mobile Yes No

Date of Birth

Date of Referral

Marital Status

Background to referral

Type of Referral: Voluntary / non-disciplinary Discipline in abeyance Discipline implemented

Stage of Disciplinary action (if applicable)

Events leading to referral (alcohol consumption, work performance, time keeping, attendance / absence etc.)

Present level of alcohol consumption?



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EMPLOYEE REFERRAL MANDATE

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This mandate allows information regarding employee attendance and progress to be sent to his / her employer. In cases where the employee requests time-off work to attend or the referral is disciplinary (under an alcohol policy if this is in place) then the employer may ask the employee to agree to attendance / progress reports being sent.

I,

Employee

Address

agree to attend Fife Alcohol Support Service and give my permission for information regarding my attendance and progress to be sent to:

Employer / HR Contact

Designation

Address

Employee Signature

Date

Employer / HR Contact Signature

Date