

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	<input type="text"/>	Employer	<input type="text"/>
Address	<input type="text"/>		<input type="text"/>
Telephone	<input type="text"/>	HR Contact	<input type="text"/>
Mobile	<input type="text"/>	Telephone	<input type="text"/>

Employee consent to contact at Address / Mobile Yes No

Date of Birth	<input type="text"/>	Date of Referral	<input type="text"/>
Marital Status	<input type="text"/>		

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?



Fife Alcohol Support Service
17 Tolbooth Street
Kirkcaldy
Fife
KY1 1RW

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

Employer Address

Employee Signature

Date

Employer / HR Contact Signature

Date