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| **When the form is complete, please email a scanned copy to** **managementreferrals@spectrum.life**  |
| Name of employee: (please print)  |   | Date of referral:  |  / /  |
| Organisation name  |   | Gender:  |  Male Female  |
| Job title of employee:  |   | Employee’s D.O.B: |  / /  |
| Tel no. where employee can be contacted:  | Home:  | Mobile:  |   |
| Location/Address/Postcode:  |   | Email:  |   |

|  |  |
| --- | --- |
| Reason for referral:  |   |
|  |  |
|  |  |  |

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| Other relevant issues to be considered:  |   |
|  Is Employee off work: Yes No If yes, since when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Any previous counselling for this presenting issue? Yes No If yes, when was this?  |

|  |  |  |
| --- | --- | --- |
| Name & job title of Referrer:  |   |   |
| Tel no:  |   | Email:  |   | FAX:  |

**Please sign below to confirm consent for Spectrum Life to make contact with the individual concerned. Please note that written consent is the ONLY format that will be accepted. If no written consent is received from the Client, then the referral will NOT be actioned and may result in a delay.**

**Signed by Employee**………………………………………… **Date**: ……………………...

**Signed by Referrer**………………………………………… **Date**: ……………………...