

MANAGERIAL REFERRAL: FORMAL REFERRAL FORM

It is important for the formal referral forms to be filled out in as much detail as possible. This enables all parties involved to be able to provide the necessary feedback and support required in order to ensure the best possible outcome to the process. Please note all sections of the form are compulsory to complete in order for the referral to take place

Lyra Case Number	
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Section A: To be completed by the Referrer (Employee to initial each page).

Western Cape Government			
Department			
Referrer's Details		Employee' Details	
Name:		Name:	
Gender:		Gender:	
Position:		Position:	
BU/Region/Facility:		BU/Region/Facility:	
Cell number:		Cell number:	
Work number:		Work number:	
Email:		Email:	
		Age:	
		Length of Service:	

Section B:

Reason for referral:

Impact of the problem on workplace functioning (include factors such as key performance indicators impacted upon, attendance, relationships at work, and ability to manage key aspects of job role):

How does the employee explain his or her problem?

Is there any other information that, in your opinion, is contextually relevant to this case?

Is there a current disciplinary or incapacity process in place? If so, please state which and the reason?

CATEGORY & CRITERIA	Mark with 'X'	CATEGORY & CRITERIA	Mark with 'X'
ABSENCE FROM WORK		SUBSTANCE USE/MISUSE/ABUSE	
Excessive sick leave		Smelling of alcohol during working hours	
Regular absence on Mondays and after 'pay-days'		Being under the influence of substances during working hours	
Above average absence due to vague ailments such as colds		Being in conflict with the law because of driving a vehicle drunk	
Unauthorised leave		Positive breathalyser	
Strange and unsatisfactory excuses for absence		Disclosure of substance abuse issue by employee	
Vague or frequent requests to leave early		GENERAL INDICATORS OF DECREASED EFFICIENCY	
ABSENCE WHILE AT WORK		Struggling to concentrate	
Continual absence from post		Working in fits and starts	
Arriving late for work, taking long meal breaks		Difficulty in remembering instructions, details and own mistakes	
Sleeping on duty		Finding it increasingly difficult to carry out complicated instructions	
ACCIDENT RECORD		Not meeting deadlines	
Accidents on duty		High frequency of mistakes	
Accidents outside working hours that impact on work performance		Complaints from others regarding services rendered by the person	
Involvement of other employees in accidents		Poor judgement and decision-making	
Near-miss incidents		Wasting of time and/or material	
LEGAL PROBLEMS		Performance standards consistently not met	
Any legal related issues including court proceedings		Unacceptable excuses for poor work performance	
GENERAL APPEARANCE AND BEHAVIOUR		POOR INTERPERSONAL RELATIONS WITH EMPLOYEES	
Perceived abnormal reactions to normal circumstances		Behaviour that elicits an unfavourable reaction from others	
Abnormal behaviour		Sudden mood changes	
Complaints by fellow-workers regarding the person's conduct		Complications as a result of borrowing money from fellow workers	
Risk to self or other/s		Over-reaction to real or imagined criticism	
Noticeable decline in self-hygiene and/or appearance (including workstation)		Involvement in conflicts or fighting with fellow-workers	
Aggressive behaviour for no apparent reason		Involvement in conflicts or fighting with supervisor/management	
Avoidance of fellow-workers (detachment)		Unwarranted grievances	
Please provide details or examples of the incident indicated above including dates where possible:			

Please provide details or examples of exceptions to the behaviours above:

Section C: To be completed by the Employee

Please note: The formal referral process is a **VOLUNTARY** process.

The process: Upon signed receipt of these formal referral forms to your EWP, you will be referred for face-to-face counselling according to your preferences listed below. Your assigned therapist will contact you to set up an appointment. After your first session, the therapist will provide us with feedback on the assessment session, and in turn your referrer will be provided with work related feedback. Thereafter interim feedback is sought from the therapist and your referrer, and interim feedback is provided to your referrer regarding progress made and any further recommendations are discussed at this stage. Upon completion of the face-to-face session's written feedback is provided to the referrer in a summary report covering the reason for referral, key findings, and workplace recommendations

Privacy Notice for employee:

To assist you, we require your consent before participating in the service, storing and processing your personal information. Our privacy notice sets out how you can expect us to use your personal data. You can find a copy of this on our website. Lyra has developed policies and procedures to ensure appropriate governance and compliance with data privacy laws. It is also our policy to have security measures and safeguards implemented to ensure that any sensitive personal data remains confidential and that it is deleted as soon as is reasonably possible.

- I consent to Lyra using my data in accordance with the privacy notice.
- I do not consent to Lyra using my personal data.

Consent to participate in assisted referral process and for relevant feedback to be given to my referrer:

YES		NO	
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Confirmation that you have received a copy of these assisted referral forms:

YES		NO	
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Employee name: _____ Signature: _____ Date: _____

Please select if you would prefer telephonic counselling, virtual (Whatsapp video, Zoom or Teams) or face to face counselling:

VIRTUAL	
FACE to FACE	

Please complete either the table with preferences for telephonic or virtual counselling or the table for face-to-face counselling below (you do not need to complete both tables).

Consent to be referred for virtual or face to face counselling- COMPULSORY to complete if telephonic or virtual option chosen:

I agree to be referred for telephonic or virtual counselling, as part of the assisted referral process, according to:

Preferred language for counselling:	
Preferred time to be contacted for a virtual/telephonic counselling session:	Morning
	Afternoon
	Evening

Employee name: _____ Signature: _____ Date: _____

Consent to be referred for face-to-face counselling- COMPULSORY to complete if face-to-face option chosen:

I agree to be referred for face-to-face counselling, as part of the assisted referral process, according to:

Preferred language for counselling:	
Compulsory for face to face Preference areas/locations Town and suburb	1.
	2.
	3.
Special considerations (e.g. wheelchair access)	

Please note that Lyra utilises SMS's to the employee during the case management process.

Employee name: _____ Signature: _____ Date: _____