

**MANAGERIAL REFERRAL: ASSISTED REFERRAL FORM**

It is important for the assisted 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.

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

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

**Sectoin B**

**Reason for referral:**

**Section B: To be completed by the Employee**

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

The process: Upon signed receipt of these assisted 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. The appointment date will be provided to your referrer. Upon completion of the face-to-face session's written feedback is provided to the referrer in a progress report covering the reason for referral, session attendance, and risk related recommendations where necessary. Personal information that does not relate to your work will not be disclosed.

**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's name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Personal information that does not relate to your work will not be disclosed.

**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 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**

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

**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:	
<b>Compulsory for face to face</b>  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's name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_