

**Managerial Referral:
Formal / Informal/Conflict Mediation Referral Form
Confidential**

- A **formal referral** is a dual process during which the referring agent receives advice and guidance from the Careways' Care Centre on managing the workplace challenges of an employee; and the employee receives counselling for issues impacting on the work.
- An **informal referral** is where the referring agent assists the employee in making the referral and supports the employee throughout the process. The employees existing problems do not result in unsatisfactory work performance.
- A **conflict mediation** process is relevant where there are conflictual relationships in the workplace between two individuals. There are certain indicators of workplace conflict that are seen as high risk and these issues should be brought to the attention of the Human Resources department by the relevant employee/manager and dealt with in accordance to the relevant Organisational Policy and Procedures. These indicators include: Victimisation, Harassment, Bullying, Intimidation and Discrimination in the workplace. The aim of the conflict mediation service is to ensure that workplace conflict is detected, evaluated and appropriately referred and further ensure the ethical management of workplace conflict. Careways will not become involved in any Labour Disputes based on workplace conflict. In the event of a referral for conflict management two Managerial Referral forms need to be completed and submitted simultaneously.

Please select the relevant referral process you wish to follow:

- Formal Referral
- Informal Referral
- Conflict Mediation

Please note:

- 1) The referral form should be completed in as much detail as possible. Information provided in feedback reports will be limited to information provided on the signed referral form (signed by both referring agent and the employee). In an effort to uphold the standards of confidentiality, no personal information that is not indicated on the signed form, will be shared with the referring agent. Confidentiality will only be discarded in instances where an individual pose a risk to themselves, others or the organisation (suicidal & homicidal risk, safety risk and/or substance abuse risk).
- 2) The formal referral, informal referral and conflict mediation remains a voluntary process and employees have the right to refuse the intervention.
- 3) It is in the best interest of the employee and the organisation that the information reported in the form is discussed with the relevant individual to ensure that the employee is aware of the reason for the referral to the EWP.
- 4) If this form is not signed by the employee and referring agent, no feedback will be provided. HR is to be provided with feedback regarding the process should they request it, but only if the relevant employee provided consent to do so. Furthermore, no feedback will be provided to any person/s not listed on the form.

SECTION A:

To be completed by the Referring agent.

*Please note detail with * are compulsory for us to process this referral*

Company Name: _____ **Date:** _____

Referring Agent's Details		Employee's Details	
Name*		Name*	
ID Number*		ID Number*	
Occupation / Position*		Occupation / Position*	
Business Unit/Site / Division		Business Unit/Site / Division	
Cell Number *		Cell Number *	
Work number *		Work number *	
Email*		Email*	
		Gender	
		Length of Service	

1. Does this referral form part of an HR process?

Yes	
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No	
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2. Is the client currently engaged in a disciplinary process?

Yes	
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No	
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3. Please provide any relevant, additional information if you answered yes to any of the questions:

4. Reason for referral: Please indicate in detail the concerns that the referring agent has regarding the employees day to day functioning in the workplace. These concerns may include but are not limited to: productivity, absenteeism, insubordination, interpersonal relationships, substance abuse (alcohol, drugs, etc.).

5. How does the employee explain their problem?

6. Please provide us with insight into your expectations regarding this referral.

SECTION B:

To be completed by the referring agent. Please tick ALL the appropriate boxes.

Category & Criteria	Select Applicable Box	Category & Criteria	Select Applicable Box
Absenteeism and Attendance		Alcohol & Substance Abuse	
Excessive sick leave		Smell of alcohol during working hours	
Pattern noticed regarding leave on Mondays, Friday, after and before public holidays and around Payday		Under the influence of a substance during working hours	
Taking leave without permission from reporting line		Tested positive for alcohol / substance	
Regular need to leave work early		Assistance requested by employee for alcohol / substance abuse	
Vague explanation for absence		Productivity Challenges	
Frequently away from Workstation		Lower levels of Concentration	
Arriving late for work		Lack of focus	
Taking long lunch breaks		Missing deadlines	
Sleeping on duty		Difficulty in following instructions	
Accident Record		Regular mistakes with daily tasks	
Involved in an accident outside working hours		Poor judgment and decision-making challenges	
Involved in an accident with company vehicle		Wasting company resources	
Other employees involved in accident		Not meeting expectations on work delivery	
Near-miss incident/s		Poor excuses for lowered performance	
Sustained Injuries		Interpersonal Relationships	
Death/s in accident		Peer Relationship Problems	
General Behaviour		Changes in mood	
Noticeable change in behaviour		Conflict with colleagues	
Complaints about behaviour in the workplace		Conflict with report line manager	
Decline in appearance and self-care e.g. hygiene		Conflict with Senior Management	
Potential risk to self or other/s		Complaints from client and customers	
Unprovoked aggression		Complaints from Colleagues	
Isolation or lack of communication with colleagues			
Sensitive to any form of criticism			
Please provide details or examples of the incident indicated above including dates where possible:			

SECTION C: EMPLOYEE CONSENT FORM

- I agree to be referred to the Employee Wellness Programme.
- I agree to adhere to the Employee Wellness Programme process.
- I agree to inform the wellbeing practitioner 24 hours prior to the scheduled appointment time, should I need to cancel.
- I agree to relevant feedback being given to my **Manager and Human Resources**, if necessary, as part of the referral process.

Employee's name : _____

Signature : _____

Date : _____

Manager's name : _____

Signature : _____

Date : _____

**SECTION D:
INFORMATION REGARDING THE MANAGERIAL REFERRAL PROCESS**

The process:

Step-by-Step Guide to Managerial Referrals

1. Consult with the employee regarding the reason for referral. There should be consensus between the referring agent and the employee regarding:

- a. *The impact on the work*
- b. *Agreement on the desired outcome/s*

2. Complete the Document for Managerial Referral (ensuring that all the necessary details are provided, such as: company name, business unit, contact details - including the e-mail address and/or fax number of the referring agent - as well as the ID numbers for BOTH the manager and the employee).

3. When the referring agent completes the Document for Managerial Referral:

- a. *Ensure that the reason for referral is explained in detail;*
- b. *Ensure that the document is signed by both the referring agent and the employee;*

4. Fax the Document for Formal Referral to the Care Centre on 086 567 9380 or e-mail it to managers@carewaysgroup.com

- a. *A member of our team will have a telephonic consultation with the referring agent.*
- b. *A member of our team will have a telephonic consultation with the employee to explain the referral process and to make arrangements for an appointment with a wellbeing practitioner.*
- c. *The wellbeing practitioner will then call the employee directly to set up an appointment.*
- d. *Formal referral & Conflict mediation: Feedback is given to your manager, based on the findings and recommendations made in the counselling process. The Case Manager at Careways will give written feedback to your manager. This feedback may be given after the first and/or last session. Feedback will include key findings and recommendations, as they relate to your workplace functioning. Personal information that does not relate to your work will not be disclosed*
- e. *Informal referral: Feedback will only include attendance and compliance towards the EWP programme and will be given to your manager*

5. Keep the original document for formal referral for your own records.

6. Give a copy of the completed formal referral document to the employee.

PLEASE NOTE: SHOULD THERE BE NO COMMUNICATION FROM THE CARE CENTRE WITHIN 24 HOURS PLEASE CONTACT US

1) Further to this, I have been informed that my personal information will be managed by Careways in the following manner:

1.1) Careways, its staff and healthcare providers, including but not limited, to case consultants, counsellors, doctors, (and other allied healthcare professionals or auxiliary medical professionals), are allowed to collect, process and disclose your confidential information, including information relating to assessment and treatment (referred to herein as "personal and health information" or "information"), as is necessary in the following circumstances:

1.1.1) To enable the staff to perform their duties;

1.1.2) For Careways, its staff and healthcare providers involved in your counselling interventions, to provide the necessary services to you, for the purposes of your proper treatment and care. This will apply to services rendered to you whilst in the employment of your current employer.

1.1.3) To facilitate the due and proper administration of the operations of Careways as a EWP provider, in order to ensure that you, as our client, receive quality healthcare;

1.2) In instances where Careways does share your personal and health information with third parties, Careways undertakes to share only those aspects of your information which is necessary for your proper treatment and care, while preserving the confidentiality, privacy and security of that information as far as possible. Upon your request, we will notify you of the recipients or category of recipients with whom we share your personal information, as well as the category of information shared (for example, your demographic or health information);

1.3) In addition to the above instances, you grant Careways consent to process your personal and health information, for the following purposes:

1.3.1) to share your information with various medical professionals who may form part of the various interdisciplinary teams attending to your treatment and care. No unauthorised staff or healthcare providers will have access to your information unless it is for a proper purpose specifically related to your treatment and care;

1.3.2) to share your information with third parties such as other professionals acting on your behalf who may, on your instruction or with your knowledge and authorisation, seek access to your personal and health information for your benefit either for litigious or non-litigious reasons;

1.3.3) to share your information with our relevant internal investigation team in the event that an incident related to your treatment occurs, as part of Careways' quality, internal complaints and incident investigation process;

1.3.4) to share certain of your information with non-clinical third parties such as our auditors, for the purposes of running and administering our day-to-day operations;

1.4) Should you, at any time, wish to object, or feel that we are not reasonably processing your personal and health information in a manner that preserves the confidentiality, privacy and security thereof, you may notify us in writing (Myprivacy@lifehealthcare.co.za) and we will then ensure that your complaint or query is investigated and dealt with efficiently.

1.5) Further to the above, you may contact us (Myprivacy@lifehealthcare.co.za) in order to determine whether we hold any of your personal information and thereafter, to request that we rectify or delete such information (to the extent that we are not prohibited from doing so, or are required to keep by any law, code of ethics or regulations), should it be found to be inaccurate or outdated. In this regard, you may access our PAIA Manual on our website, which outlines the cost, manner and procedure which you may request information from us.

1.6) We will not retain your personal and health information for any longer than required. Furthermore, we will only retain your personal information for purposes of your treatment or care, as required or authorised by law or contract, or reasonably required for our legitimate business purposes. By signing this document, you consent to Careways retaining your personal

and health information in one or more ways as stated above. Should you feel that we are not retaining your personal information for legitimate reasons, kindly inform us and we will reasonably address your concerns accordingly.

1.7) We may also retain your personal and health information for statistical, historical or research purposes. In such instances, we shall maintain the confidentiality of your information through adequate security measures such as de-identification or anonymisation of the information concerned.

1.8) We will ensure that the security of your information is maintained at all times by taking reasonable measures to prevent leakage, loss, damage or unauthorised access to your information.

1.9) In the event that we transfer your personal or health information to a third party who is situated beyond the borders of South Africa, we will ensure that such transfer is necessary for purposes of your proper treatment or care and/or is necessary for the performance of a contract between Careways and you, or between Careways and a third party for your benefit, for example, a transfer to your medical aid or insurance company if you or your guarantor are a foreign national. By signing this document, you consent to your personal and/or health information being transferred cross-border and/or otherwise within our network of Careways providers for the purposes of your medical treatment and care and/or as is reasonably required for our legitimate business purposes. By signing this document you consent further that your personal and/or health information may be transferred cross-border and/or otherwise within our network of hospitals in the Life Group, as may be reasonably required for due legal process, even where adequate protection is not in place. You will be advised in the event that your personal and/or health information is transferred cross-border and/or otherwise within our network of hospitals in the Life Group. Should you have any reservations about us transferring your personal or health information cross-border as mentioned above, kindly inform us and we will reasonably address your concerns accordingly.

1.10) As a provider of healthcare services to you, the main purpose for the collection of your personal or health information is to provide you with EWP treatment and care. In general, all personal and health information that we request from you is mandatory in order for us to provide you with such treatment and care. If the provision of any particular information to us is voluntary, we will notify you.

1.11) In the event that you do not consent to providing us with personal or health information that we regard as mandatory in order to provide you with proper treatment and care, it may have an effect on the quality and accuracy of the treatment and care that we are then able to provide you with. In these circumstances, you hereby acknowledge that you will not be entitled to hold us liable for any failure, inadequacy or inaccuracy in your treatment or care which was caused as a result of your failure to provide us with any mandatory personal or health information which we have requested from you.

1.12) As a provider of healthcare services we work closely with other healthcare providers (as mentioned in paragraph 1.1 above) in order to provide you with the required healthcare services. By signing this document, you acknowledge that there may be instances where we have access to personal or health information which we have not collected directly from you, but have collected from these other healthcare providers. In these instances, and on your request, we will notify you of the source from which your information has been collected.

1.13) Should the client receiving healthcare services from us be a minor or lack the legal capacity to sign this document, you hereby sign this document on behalf of the client, in your capacity as the client's parent or legal guardian/proxy, and you hereby grant Careways consent to process the client's personal and health information in accordance with the purposes outlined above.

1.14) By signing this document, you confirm that the information you provide to us and for the purposes of the EWP intervention and counselling services is accurate and up to date, and that if any of the information provided changes, you will, to the extent reasonable, notify us so that we may update our records accordingly.

Clients Full Names: _____

Clients Signature: _____

Referrers Full Names: _____

Referrers Signature: _____