habithealth eap

Career Transition - Referral Form

Organisation/Company name:

Location of staff member:

P/O number (if applicable):

Tick the approved package:

- ☐ CV Writing Support
- ☐ Development of a LinkedIn Profile
- ☐ Wrap Around Package (6 sessions)
- ☐ Extended Wrap Around Package (6 sessions + 2 feedback sessions)

Employee has current CV: ☐ Yes ☐ No

If yes - please attach or bring to your first appointment.

Details for Career Transition (i.e. CV creation, CV review and update, job seeking or interview skills), & any other comments:

Additional comments (optional):

Employee name: **Position:**

Work email: Mobile:

Personal email: Signature:

Date of birth: Date:

Manager name: **Position:**

Email: Mobile:

Date: Signature:

This form is to provide the EAP Professional with appropriate information in relation to this career transition. Both the manager and the employee must initial and sign this form; thereby agreeing for this form to be emailed to **manager.referral@habit.health** in order for Habit Health EAP to then contact the employee to schedule their first career transition session. Please note, career transition sessions are a specialist service and are invoiced at a higher sessional rate.