habithealth eap

Leadership Mentoring Form

Employee name:

Referring Manager Name:

Employee/Client Date of Birth:

Additional Manager Name (optional):

Organisation:

Role Designation:

Location:

This agreement establishes the terms of participation in a Leadership Mentoring Programme, intended to support the employee in enhancing their effectiveness and performance within their current role.

The Leadership Mentoring Programme will consist of regular, reflective sessions aligned with the employee's responsibilities and day-to-day work activities. These sessions are designed to develop advanced leadership capabilities, critical thinking, and problem-solving skills.

The objective of the programme is to strengthen the employee's ability to navigate complex work situations and apply solution-focused approaches, thereby supporting their continued professional growth and ability to perform at their highest potential.

It is agreed between _____ (client/employee) and _____ (manager) that a facilitated Leadership Mentoring Programme will be initiated with Habit Health EAP to provide regular and focused mentoring sessions.

Sessions will take place at _____ intervals for a period of ___ months (minimum 6 months).

I understand I have the right to inspect any written information that may be disclosed:

Employee name:

Position:

Email:

Mobile:

Date:

Signature:

Manager name:

Position:

Email:

Mobile:

Date:

Signature:

Additional Manager Name (optional):

Position:

Email:

Mobile:

Date:

Signature:

Leadership and Mentoring is a facilitated process designed to enhance, develop and maintain functionality in the workplace. Please send this completed form and the EAP Consent form through to **manager.referral@habit.health**