Psychological Fitness for Work Assessment Referral and Consent

About the assessment: A Psychological Fitness for Work (FFW) Assessment is an independent, employer-initiated assessment undertaken by a registered psychologist. It provides a professional opinion about an employee's psychological fitness and/or functional capacity in relation to work, including any relevant restrictions, workplace adjustments or recommendations. It is not EAP counselling.

Process: The referring manager completes Part A, discusses the reason for referral with the employee and provides the employee with Part B. The employee reads and signs Part B to confirm their agreement to participate and the information-sharing and reporting arrangements described. The employer submits the completed referral and consent form to Habit Health EAP. Before commencing the assessment, the psychologist will discuss the assessment directly with the employee, answer any questions and confirm informed consent. Personal and health information will be collected, used, disclosed and accessed in accordance with the Privacy Act 2020 and Health Information Privacy Code 2020.

Part A - Manager Referral

To be completed by the referring manager: This section initiates and defines the FFW assessment. There should be no surprises for the employee about the reason for referral or the information provided.

Employee name: DOB:

Phone: Email:

Organisation: PO number (if required):

Business unit: Location:

Referring manager:

Phone: Email:

Secondary referring manager (optional):

Phone: Email:

Reason for referral (please be specific):

Relevant workplace context, role requirements and background:

habithealth eap

Safety-sensitive role: ☐ High ☐ Medium ☐ Low

Relevent H&S considerations:

Questions for the Psychologist: ☐ Fitness for work ☐ Functional restrictions ☐ Workplace adjustments ☐ Return-to-work ☐ Further assessment/treatment

Other question(s):

Documents supplied:

Relevant date/timeframe:

Manager declaration
I confirm that I am authorised to make this referral, that the information provided is relevant to the assessment, and that I have discussed the reason for referral and the information in Part A with the employee. I have provided the employee with Part B for their consideration and understand that the assessing psychologist remains responsible for confirming informed consent directly before the assessment begins.

Manager name: Second manager:

Signature: Signature:

Date: Date:

Part B - Employee Information and Consent

Please read this section before signing: Your employer has referred you to Habit Health EAP for an independent Psychological Fitness for Work Assessment. The assessment is not confidential EAP counselling. Before the assessment begins, the psychologist will explain the referral questions, assessment process, confidentiality and its limits, information sharing and reporting arrangements, and answer any questions you may have.

What to expect: The assessment interview and any psychological testing commonly take approximately 2-6 hours over one or more appointments. The overall process may take longer if additional workplace information, collateral interviews or health records are required.

Reporting and access: Relevant findings, professional opinions and recommendations will be provided to the agreed recipient(s). You may request access to personal information Habit Health holds about you. Any request will be considered in accordance with the Privacy Act 2020 and Health Information Privacy Code 2020.

Consent

- I understand this assessment has been commissioned by my employer and is not confidential EAP counselling.
- I have read Part A and understand the reason for referral and the questions the psychologist has been asked to address.
- I understand the assessment process, confidentiality and its limits, and the proposed reporting arrangements.
- I understand relevant findings, opinions and recommendations will be provided to the referring manager(s).
- I understand I may decline to participate or withdraw consent. Habit Health EAP cannot advise me about any employment consequences of doing so.

☐ I agree to participate in the Psychological Fitness for Work Assessment and to the information-sharing and reporting arrangements described.

Authorisation to obtain relevant information

Where relevant to the assessment, I authorise Habit Health EAP to obtain information from:

☐ GP: _____ ☐ Employer/manager: _____

☐ Psychiatrist/psychologist/treating provider: _____ ☐ Other: _____

Employee name:	
Signature:	**Date:**

Send the completed form to **manager.referral@habit.health | 0800 327 669**