

## Manager Referral

***Kaua e mate wheke mate ururoa o***

***Strive for your goals by being strong and resilient like a hammerhead shark.***

The Work with Substance AOD (Alcohol and Other Drugs) program is an essential tool that helps in identifying and addressing substance use risks among employees. The primary objective of this program is to collect relevant information about an employee's Alcohol and other substance use and gambling habits to evaluate their impact on work performance and provide appropriate intervention and support recommendations. It aims to minimise the risk of impairment caused by alcohol and other drugs in the workplace.

### **Consent to Participate (*Employee to complete with Manager*)**

*I \_\_\_\_\_ have agreed to take part in the Work with Substance AOD Program. I understand that I will complete a brief assessment of my use of alcohol, any other substance and gambling, attend recommended sessions and receive education about my substance use and how this may affect my ability to perform my work safely.*

*I am aware that my attendance in this program is optional however if I do not participate, this could affect my employment.*

Signature:	
Date:	

### **Referral Information (*Manager to complete*)**

#### **Client/Employee Details**

Client Name:	
Date of Referral:	
Job Title:  <i>(With brief position description and risk considerations provided by the referring manager)</i>	
Department:	

Mobile:	
Email:	
Date of Birth:	
Emergency Contact person:	
<i>(As provided and agreed to by the employee could be a spouse or friend)</i>	

### Referring Manager Details

Name:	
Department:	
Mobile:	
Email:	
Job Title:	

### Programme Entry Details

Urine drug screen results or breath alcohol levels:	
<i>(As provided by the referring employer)</i>	
Other related information:	
<i>(Has this person been behaving differently at work, has their attendance changed, is this the first UDS returned negative, are they in a safety-sensitive role with a brief description of the risks inherent in that role e.g. working at height).</i>	

***Please send the completed form to [admininstep@instep.nz](mailto:admininstep@instep.nz)***