



## INSTRUCTIONS

Complete all form sections. Once completed, please submit the Well at Work Referral Form by email to [admin@humanworks.ca](mailto:admin@humanworks.ca).

## PLAN MEMBER INFORMATION

Name (First and Last Name)

Address (Number, Street and Apt.)

City

Province

Postal Code

Are you a member of OECTA?  Yes  No

School Name

Position Title and Grade

Catholic School Board Name

Employment Status

- Full-time equivalent  Sick leave
- Part-time equivalent  Short-term disability
- Working reduced assignment  Long-term disability

## CONTACT INFORMATION

Email Address

Phone Number

Preferred Contact Method

- Email  Phone

If phone selected, please provide your preferred weekday contact time:

- Morning (9 a.m. - 12 p.m.)  Afternoon (12 p.m. - 4 p.m.)  Evening (4 p.m. - 6 p.m.)

## REFERRAL INFORMATION

Referral Type

- Self-referral
- Third-party referral *(NOTE: If you are submitting this referral on behalf of the member, member consent is required.)*

**If third-party referral, please provide your name and title below.**

Name (First and Last Name)

Title

Reason for Referral

**How can we help?** In the space below, please describe the reason for referral.