



Employee Assistance Program (EAP)

CQ Psych Services provides an Employee Assistance Program (EAP) to help both employers and their staff manage personal and work-related issues that can affect the workplace. This is a free and confidential counselling service provided by registered psychologists offered by employers to their employees to support their wellbeing in the workplace and their personal lives. This makes for happier and healthier employees who are more productive, focused and resilient.

EMPLOYER APPLICATION

To register your organisation with CQ Psych Services as an EAP provider, please complete the following details:

Company (Employer) Name: _____

ABN: _____

Company Address: _____

Postal Address: _____

Contact Person

Name: _____ Position: _____

Phone: (____) _____ Mobile: _____

Fax: (____) _____

Email: _____

(For receipt of invoices and case management communication)

EAP is extended to employee's immediate family members: yes / no

(For Family, Marital & Relationship Issues to be covered 'yes' must be circled)

Manager or Supervisor referral required: yes / no

(If 'yes' is circled CQ Psych Services must receive a referral by fax or email for each employee before an initial consultation can be booked. Otherwise, if 'no' is circled, employees can request consultations without employer approval).

I/we acknowledge that CQ Psych Services will invoice our organisation for each completed consultation. Invoices are issued with a 7-day payment term from date of issue. Consultation fees are charged in accordance with recommendations set by the Australian Psychological Society (APS). Appointments that are cancelled with short notice or not attended will also be invoiced for payment – we recommend you recoup these costs from your employee if applicable. Client sessions are capped at 6 per calendar year. If additional sessions are clinically warranted, CQ Psych Services will make a recommendation for your consideration to the person listed above via email.

Authorised Person for Company (Employer)

Name: _____ Position: _____

Signature: _____ Date: _____