



INSTRUCTIONS

Complete all form sections. Once completed, please submit the Well at Work Referral Form by email to admin@humanworks.ca.

PLAN MEMBER INFORMATION

Name (First and Last Name)		Date of Birth (mm/dd/yyyy)
Address (Number, Street and Apt.)		
City	Province	Postal Code
Are you a member of OECTA? <input type="checkbox"/> Yes <input type="checkbox"/> No		
School Name	Position Title and Grade	
Bargaining Unit Name	Current Work Status <input type="checkbox"/> Full-time <input type="checkbox"/> Sick leave <input type="checkbox"/> Part-time <input type="checkbox"/> Short term disability <input type="checkbox"/> Reduced assignment <input type="checkbox"/> Long term disability NOTE: If you have been on sick leave for more than 11 consecutive days, you will be directed to OTIP's Early Intervention or LTD program for support.	

CONTACT INFORMATION

Preferred Personal Email Address		Phone Number
Preferred Contact Method <input type="checkbox"/> Email <input type="checkbox"/> Phone	If phone selected, please provide your preferred weekday contact time: <input type="checkbox"/> Morning (9 a.m. - 12 p.m.) <input type="checkbox"/> Afternoon (12 p.m. - 4 p.m.) <input type="checkbox"/> Evening (4 p.m. - 6 p.m.)	

REFERRAL INFORMATION

Referral Type <input type="checkbox"/> Self-referral <input type="checkbox"/> 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.

Sponsored by OTIP and OECTA, the Well at Work pilot program is administered by Humanworks.