



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)

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

- Algonquin & Lakeshore Catholic District School Board
- Renfrew County Catholic District School Board
- Thunder Bay Catholic District School Board
- Wellington Catholic District School Board
- York Catholic District School Board

Employment Status

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