**EMPLOYEE ASSISTANCE PROGRAMME (E.A.P.)**

This template policy is intended to assist member businesses develop their own workplace policy. The following information should be used as a guide only. Any wording changes, other than those to insert a business name, may change the context, meaning or purpose of the policy. We recommend you receive advice from the Victorian Chamber of Commerce and Industry prior to making such changes.

## Contacting the Victorian Chamber of Commerce and Industry

The Victorian Chamber’s team of experienced workplace relations advisors can assist members with a range of employment, human resources and industrial relations issues.

Our experienced workplace relations consultants can also provide assistance to both members and non-members on a range of more complex matters for a fee-for-service. The consultants can, among other things, provide training to employees, conduct investigations and provide representation at proceedings at the Fair Work Commission.

For assistance or more information, please contact the Workplace Relations Advice Line on (03) 8662 5222.

Disclaimer

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# EMPLOYEE ASSISTANCE PROGRAMME

Date of issue:

Policy approved by:

Contact person:

## 1 PURPOSE

The purpose of this policy is to outline **[INSERT COMPANY NAME]**’sEmployee Assistance Program (EAP).

## 2 APPLICATION

This policy applies to all employees of **[INSERT COMPANY NAME]** and is intended as an option for employees to access professional coaching and support for a range of work related or personal issues.

## 3 POLICY

An Employee Assistance Program is a free and confidential counselling service provided by **[INSERT COMPANY NAME]** to their employees to support their wellbeing in the workplace and in their personal lives.

The EAP service provided will be paid for by **[INSERT COMPANY NAME]** and includes the following:

**[LIST SERVICES WHICH WILL BE PAID FOR BY THE ORGANISATION] E.G:**

* Telephone counselling service
* 5 counselling sessions

The EAP is available to give assistance for work related and personal issues which can include the following:

**[LIST WHAT SERVICES YOUR EAP WILL PROVIDE]** **E.G COUNSELLING AND ADVICE RELATING TO:**

* Work stress
* Interpersonal conflicts at work
* Work overload
* Bullying and harassment
* Depression
* Emotional stress and anxiety
* Relationship problems
* Work and family life balance
* Anger management
* Parenting
* Separation and divorce

## 4 ACCESS TO SERVICES

Services provided by the EAP to employees are **strictly confidential** except when matters arise that have serious implications for the workplace, or the safety and wellbeing of the employee or others. In these circumstances, feedback may be disclosed to **[INSERT COMPANY NAME]**.

Access to the EAP service is either on a self-referral basis, or may be offered to the employee by management. **[INSERT COMPANY NAME]** may obtain statistical data from the EAP from time to time however such data will not include names of any employee utilising EAP services.

**[INSERT COMPANY NAME]** Employee Assistance Program provider is **[INSERT EAP PROVIDER].**

**[INSERT ADDRESS OF EAP PROVIDER]**

**[INSERT CONTACT DETAILS OF EAP PROVIDER]** for example:

* Telephone
* Email
* Website

**[INSERT OPERATING TIMES OF EAP PROVIDER]**

**[INSERT EAP PROVIDER]** is bound by the *Privacy Act 1988* (Cth) and the *Health Records Act 2001* (Vic).

**[INSERT ANY OTHER RELEVANT LEGISLATION IF BASED IN STATES OTHER THAN VICTORIA]**

## 5 POLICY REVIEW

**[INSERT COMPANY NAME]** may make changes to this policy from time to time to improve the effectiveness of its operation.

WORKPLACE PARTICIPANT ACKNOWLEDGEMENT

## I acknowledge:

##  I have received, read and understood the policy

##  I am required to comply with the policy; and

## There may be disciplinary consequences if I fail to comply, up to and including the termination of my employment.

Name: Signature:

Date: