

Mental Health Fitness for Work Referral Form

Konekt

Participant details *required

Surname:

Phone:

First name:

Job title:

Date of birth:

Location:

Job description (including safety risks if applicable/job description attached):

Usual duties:

Safety critical role: ☐ Yes ☐ No

If yes, outline of safety critical component:

Roster pattern:

Cognitive and social requirements: (tick all that are relevant)

☐ Sustained attention for duration of shift

☐ Adequate problem solving

☐ Adequate short-term and long-term memory

☐ Ability to work collaboratively in a team

☐ Ability to work in isolation

☐ Time management

Medical certificate/clearance provided by participant: (If yes, please attach copy of most recent medical certificate)

Safety critical role: ☐ Yes ☐ No

Preferred method of assessment:

☐ Telehealth

☐ Face-to-face

Employer

Employer name:

Contact/s:

Phone:

Email:

Insurer

Insurer name:

Contact/s:

Phone:

Email:

Referral details

Summary of concern:

History of mental health (if known):

Medical history/conditions (if known):

History of poor workplace attendance\behaviour (if applicable):

Additional comments - further information that Konekt should be aware of:

Referred by:

Role:

Date:

Please email completed form to
response@konekt.com.au or perth@konekt.com.au

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