**Appendix 1**

**MODEL LETTER CALLING EMPLOYEE TO A MEETING FOLLOWING MANAGEMENT REFERRAL WHERE AN ALCOHOL/SUBSTANCE MISUSE PROBLEM IS IDENTIFIED**

Dear

**Managing Substance Misuse Policy – Management Referral**

I refer to our meeting on (date) where we discussed my concerns regarding your performance / attendance / behaviour \*, specifically:

*Enter specifics of concerns discussed.*

At the meeting, as an alcohol or substance misuse issue was raised, I advised that you would be referred to occupational health to determine whether they consider that an alcohol / substance\* misuse problem may be the cause or a contributing factor in your unsatisfactory performance/ attendance / behaviour\* and, if so, to confirm whether you are seeking any treatment or support through your GP or other agency and, if so, to advise on your progress.

I am now in receipt of the report and wish to meet with you at (time) on (date) at (location) to discuss its contents.

Every reasonable effort will be made to help and support you to address your alcohol / substance misuse\* problem and to return to an acceptable level of performance / attendance / behaviour\*. At the meeting you will be required to sign an agreement outlining your commitment to undergoing and adhering to any identified treatment/support programme. This agreement will confirm what support will be provided, what is expected of you and the likely consequences of not commencing/adhering to the programme.

You may be accompanied by a trade union representative or work colleague.If the companion you select is unable to attend on the above date you have the opportunity to suggest another date. However this alternative date must suit everyone involved and be no more than 5 working days after the original date – otherwise, you will need to select another companion or attend the meeting unaccompanied.

Please contact me as soon as possible to confirm that the above date and time for the meeting is suitable, whether you will be accompanied and if so, by whom.

Yours sincerely

**Name**

Title

Enc Copy of Substance Misuse Policy

\* Delete as appropriate.