TREATMENT/SUPPORT AGREEMENT (Disciplinary Referral)

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I agree that I will commit to the following treatment programme/support provisions that have been put in place in respect of my alcohol/substance misuse problem\*.

**Treatment/Support Programme**

[enter full details of the agreed treatment programme and support provisions that have been agreed.]

**Required Improvement**

[enter details of required improvement in conduct]

**Review**

[enter the review periods that have been set to monitor progress].

**Disciplinary Case**

I understand that if at any time during the review period it is determined that I have failed to commence or adhere to the treatment/support programme, the disciplinary case against me will be reconvened and my alcohol or substance misuse problem will not be considered a mitigating factor when the outcome of the hearing is determined.

Where I respond positively to the treatment/support programme the discipline case will be reconvened at the end of the agreed treatment programme and then taken to a conclusion. I understand that my alcohol or substance misuse problem may be regarded as a mitigating factor but that a disciplinary sanction may still be applied if a case is found against me.

Employee Signature:\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Manager Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* Delete as appropriate