

Employee Assistance Programme

Enquiry Form

Please complete & return this enquiry form to:

By Fax: 024 7630 5316 By Email/Scan: service@workforcewellness.co.uk

By Post: Four, The Cobalt Centre, Siskin Parkway East, Middlemarch Business Park, Coventry, CV3 4PE

Contact Details

Company Name

Your Name

Your Position

Your Email Address

Your email address will NOT be given out to any third parties. Requested for the purposes of sending you a no obligation quotation/info only.

Your Telephone Number

Your phone number will NOT be given out to any third parties. Requested for the purposes of general one-off follow up/info only.

Additional Information

Number of Employees (Headcount) ?.....

Do you currently have an EAP in place ?.....

Level of EAP cover in place ?.....

Name of Current EAP Provider ?.....

Date _____

www.workforcewellness.co.uk

