



BCTF

British Columbia Teachers' Federation A Union of Professionals
100-550 West 6th Avenue, Vancouver, BC V5Z 4P2 bctf.ca
604-871-2283 1-800-663-9163 
Email: bctf-staffltd@bctf.ca

Heath and Wellness Program BCTF Employee Referral Form

BCTF employees can refer themselves to the program by completing the information below.

Employee's name: _____

Identify as (optional):

- Female
- Male
- Trans
- Gender non-conforming
- Prefer not to disclose
- Self-defined (please specify) _____

Personal email: _____

Home phone: _____ Cell phone: _____

Diagnosis/challenge (optional): _____

Reason for referral (select one):

- I have been absent from work for 20 consecutive working days.
- I will be absent from work and going on a leave soon.
- I am working my usual assignment but using sick days to manage.
- Other (please specify) _____

Employee signature: **X**_____ Date: _____

Note: Type name if completing online for authorization purposes.

Please send completed forms to the BCTF Employee Health and Wellness Program at:
bctf-staffltd@bctf.ca