RESOLUTIONS
WORKPLACE CONSULTING

PO Box 811,
Cherrybrook NSW 2126
Phone: 02 9484 3005
Fax: 02 9484 3006

Resolutions Consulting Services NSW
ABN 913 5853 3153 Reg NSW WorkCover 290

REFERRAL FORM – CONSULTANCY SERVICES

Employee Details

Name:_____

Contact Number: Tel._____

Fax._____

E-mail Address: _____

Dept/Section: _____

Work Address: _____

_____

Home Address (if required):_____

_____P/Code:_____

Employer Details

Company Name:_____

Contact Person:_____

Contact Number: Tel._____

Fax._____

E-mail Address: _____

Invoice To: _____

Postal Address:_____

_____P/Code:_____

CONSULTANCY SERVICES REQUIRED:

_____

_____

_____

_____

_____

_____

_____

OTHER SERVICES REQUIRED

_____

_____

_____

_____

_____

Approved by Name: _____Title:_____ Date: ____/____/____

Company: _____ Signature: _____

Please indicate the services you require and fax back to Resolutions on 94843006 or email to info@resolutionsworkplaceconsuting.com.au