Working together to build a better future

QF232	DRUG AND/OR ALCOHOL TEST CONSENT FORM

TO BE COMPLETED BY ENHANCED LIFESTYLES / LIFESTYLE ASSISTANCE AND ACCOMMODATION SERVICE

Full Name of Employee*:* _____

Location: _____

Function/Department: _____

Date of Request for Testing: ____ / _____ / _____   Time of Request:_____

Type of Test:
☐ Random Testing;

☐ Blanket Testing:

☐ For Cause Testing. The reason that testing is recommended in the circumstances is:

_____

Form of Test:
☐ Alcohol breath test;

☐ Oral fluid test to detect levels of illicit or other drugs; and/or

☐ Urine test to detect levels of illicit or other drugs.

If you:

- Unreasonably refuse to undergo such a test; or

- Interfere or attempt to interfere with the test sample or result in any way including, but not limited to, by adulteration, substitution or hinderance,

you may be subject to disciplinary procedures in accordance with the Drug and Alcohol Policy.

If you undergo a urine test, you will be accompanied by the Authorised Agent who will conduct the test.

If you sign this consent form, you agree to authorise Enhanced Lifestyles and Lifestyle Assistance and Accommodation Service or any doctor, nurse or laboratory technician designated by them, to collect urine, breath, oral fluid or blood samples from you for alcohol and/or drug screening (as appropriate).You also authorise the release of the results of drug and alcohol screening tests and evaluations performed upon me to the People and Culture Manager of Enhanced Lifestyles and Lifestyle Assistance and Accommodation Service and any other person necessary.

If the test results show that you have breached the Drug and Alcohol Policy, you may be suspended with or without pay (if you are not ready, willing or able to work) pending an

investigation and be subject to disciplinary action, up to and including termination of employment.

Based on the information provided in this form, please tick the appropriate box below:

☐ I agree to undertake the test.

☐ I refuse to undertake this test. The reason I refuse to undertake this test is because:

_____

_____

_____

_____

_____

Signature of Employee: _____ Date: ____ / _____ / _____