

# CLIENT NEEDS ANALYSIS



engaging people

CLIENT:

Date of referral:

Thank you for completing this two-page information request. Your input will be helpful in compiling your proposal and crafting a solution that meets the unique needs of your organization.

CLIENT CONTACT PERSON	NAME	DESIGNATION	
CONTACT INFORMATION	PHONE	CELL	
	EMAIL		
ADDRESS	PHYSICAL		
	POSTAL		
	WEBSITE		
MARKET SECTOR & NATURE OF BUSINESS	e.g Financial, Retail, Services, IT, Insurance, Healthcare, Mining, Manufacture		UNION (if applicable)
WORKSITES	NO. OF WORKSITES	LOCATION OF WORKSITES	
EMPLOYEE PROFILE	NO. OF EMPLOYEES	AVE # OF DEPENDANTS / EE	DEMOGRAPHY (estimate %) Employees Management
HEALTHCARE INSURER	Company appointed Individual selection		
RETIREMENT FUND ADMINISTRATOR	Company appointed Individual selection (RA)		
DISABILITY INSURER			
EMPLOYEE WELLNESS SERVICE PROVIDER	Organisation: Engagement utilisation rate: Contract term and notice period:		

<p>SCOPE AND OBJECTIVES wrt YOUR EMPLOYEE WELLBEING PROGRAMME</p> <p><i>Please specify services that you feel would contribute to achieving your vision/outcomes.</i></p> <p>Highlight or underline those listed in adjacent columns.</p> <p>OTHER SERVICES REQUIRED. <i>If you have requirements that are not listed, please state below:</i></p> <p><b>OPTIONAL INPUT:</b></p> <p><i>Brief summary of your company objective for wellness and, where applicable, current challenges that need to be addressed by your EWP partner.</i></p>	<p><b>EMPLOYEE WELLBEING PROGRAMME (EWP)</b></p> <ul style="list-style-type: none"> <li>- Generic LifeAssist</li> <li>- Client-cobranding</li> </ul> <p><b>24/7 access</b></p> <ul style="list-style-type: none"> <li>- Share call</li> <li>- Toll free</li> <li>- SMS</li> <li>- Email</li> </ul> <p><b>Counselling &amp; Advice</b></p> <p>Onsite</p> <ul style="list-style-type: none"> <li>- Allowed at workplace, ad hoc</li> <li>- Onsite clinic</li> </ul> <p>Offsite</p> <p><b>Project Management/consultation</b></p> <p><b>Induction training</b></p> <ul style="list-style-type: none"> <li>- Staff</li> <li>- Managers</li> </ul> <p><b>Promotion materials</b></p> <ul style="list-style-type: none"> <li>- Poster</li> <li>- Display banner</li> <li>- Wallet Cards</li> <li>- Brochure</li> <li>- SMS / MMS</li> </ul> <p><b>Reporting:</b></p> <p>Utilisation</p> <p>Frequency:</p> <p>Satisfaction Survey: pa</p>	<p><b>SPECIALISED COMPLEMENTARY SERVICES:</b></p> <p>Absenteeism Management</p> <p>HIV Post Exposure Prophylaxis (PEP)</p> <p>Critical Incident/Trauma response</p> <p>Restructuring support</p> <p><b>COMPANY WELLBEING PROFILING</b></p> <p>Engagement Surveys</p> <p>Stress Assessments</p> <p><b>Health Risk Screening:</b></p> <p>Cholesterol, BP etc.</p> <p>HCT (HIV)</p> <p><b>Executive Health Medical Assessments</b></p> <p><b>ENERGY MANAGEMENT</b></p> <p><b>Fitness programme</b></p> <ul style="list-style-type: none"> <li>- Onsite gym</li> <li>- Other: workplace driven</li> </ul> <p><b>Ergonomics</b></p> <p><b>Dietician</b></p> <ul style="list-style-type: none"> <li>- Review canteen menu</li> <li>- Group sessions</li> <li>- Individual sessions</li> </ul> <p><b>POLICIES:</b> Audit existing or formulate new.</p> <ul style="list-style-type: none"> <li>-Life-threatening diseases (incl. HIV and TB)</li> <li>-Substance Abuse</li> <li>-EWP</li> </ul>	<p><b>PROACTIVE ENGAGEMENT</b></p> <p><b>Wellness Days</b></p> <p>Frequency:</p> <ul style="list-style-type: none"> <li>- LA presence only</li> <li>- LA full event management</li> </ul> <p><b>Financial Wellness Day</b></p> <p>Frequency</p> <p><b>Health Promotion</b></p> <ul style="list-style-type: none"> <li>- Info only</li> </ul> <p>Frequency:</p> <ul style="list-style-type: none"> <li>- Info with deskdrops</li> </ul> <p>Frequency:</p> <ul style="list-style-type: none"> <li>- Onsite activity</li> </ul> <p>Frequency:</p> <p><b>Specialised training</b></p> <p>Life Skills</p> <p>Policy implementation</p> <p>Peer Educators</p> <p><b>Workplace support groups</b></p> <p>e.g. parenting, chronic disease,</p> <p><b>Online Wellness:</b></p> <ul style="list-style-type: none"> <li>- Website</li> <li>- Mobile</li> </ul> <p><b>CSI INTEGRATION</b></p>
<p>PROPOSAL DUE DATE</p>	<p>PRESENTATION APPOINTMENT: Date:</p> <p>:Location</p>		