

REFERRAL FORM

For office use only - Referral No. **IN CONFIDENCE**

This form should be fully completed by the referring manager; failure to do so may delay the reporting process.

It is important that the reasons for the referral have been fully explained to the employee: the manager is asked to confirm that this has been done by signing the declaration, and ticking the check box, at the end of the form. An Employee Information leaflet is available to explain this process*.

A copy of this referral document should be sent in confidence to the appropriate team support Human Resource (HR) Manager

| Section 1. The Referring Manager: All communications and reports will be sent to this person | | | |
|--|-------------------|----------|---------------------|
| Name of the Referring Manager | | | |
| Telephone no (Office) | | | |
| Mobile Telephone no | | | |
| E-mail | | | |
| Position | | | |
| Section 2. Local HR Advisor: A copy of all communications and reports will be sent to this person | | | |
| Name | | | |
| Email | | | |
| Telephone no (Office) | | | |
| Section 3. The Referred Employee | | | |
| Name | | Known as | |
| Date of Birth: (dd/MM/YY) | | | |
| Home Address | | | |
| You must provide at least two phone numbers below that on which the OHA can contact the employee. | | | |
| Telephone no (Work) | | Mobile | Telephone no (Home) |
| Site | Department | | Full Time or Part |
| Please give detailed description of Job Role and Duties (e.g. driving, lifting stock/heavy equipment, extensive PC use and minimum daily hours of work sustainable) | | | |
| Job Description attached ✓ | | | |

1. Explain the Reason for the referral (*Please give as much information as possible to assist the OHA/OHP to progress this case*).

2. Please indicate below any remedial action that you have taken: (*Include accommodations assessments, performance appraisals etc.*)

3. Please provide 12 months absence history or length of present absence: (*Please include the most recent employee absence record received with the referral or as a separate attachment*).

4. Please provide any details regarding dates of hospital appointment or operations, to ensure contact is made with the employee at the right time for intervention.

Please Tick reason for referral

5. Long Term Sickness Absence (*Absence of 2 weeks or more*):

6. Frequent periods of unrelated short-term sickness absence (*In excess of 3 unconnected absences in a rolling 12 month period*):

7. An assessment for retirement on the grounds of ill health:

8. Concerns that under performance at work may be related to ill health:

9. Other health conditions that you think are impacting on the employee's work performance i.e. stress, musculoskeletal conditions (*suggested triggers for referral for these, or similar, conditions is three days absence*):

10. Assessment of a workplace injury:

11. For suspected ill health from any work place exposure:

12. Possible issues relating to Substance Abuse:

13. Maternity/Pregnancy Related Sickness:

14. Investigations of a work accident: (*Please send a copy of the accident report form.*)

Section 5. The Occupational Health Assessment will be written in a plain reporting style. It is requested therefore that the questions you would like answered are specific, relevant and precise. For convenience a number of typical questions follow. Please indicate as appropriate or free text your own questions at the end of the list.

Please indicate which questions you would like answered.

1. What is the nature of the condition and the likely prognosis?

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|--|--|--|
| 2. | Is the employee currently fit for post? | |
| 3. | Is the condition likely to come within the scope of the Disability Discrimination Act (DDA)? | |
| 4. | Would you recommend any adjustments either to accommodate the employee or to change the workplace environment? | |
| 5. | Would a structured return to work benefit this employee (<i>for example: gradually building up hours over a period of time</i>)? | |
| 6. | If adjustments are advised would they be permanent or temporary? | |
| 7. | What review periods would you recommend for any recommended adjustments? | |
| 8. | Would you say the absence is work related? If you consider this to be the case please advice what the relationship is. | |
| 9. | Does the employee have a condition that I should be aware of that might impact on work? | |
| 10. | Do you consider the employee is receiving appropriate treatment and if not what recommendations would you make? | |
| 11. | When is it likely that this employee will resume the full range of duties described in the job description? | |
| 12. | Is the employee likely to continue to take time off for this condition? If so what might the level of absence be? | |
| 13. | In the event that the employee is unlikely to return to work, would you advise an application for ill-health retirement? | |
| 14. | If the absence is likely to be protracted when will you see the employee again and when can I expect an updated report? | |
| 15. Please free-text below any other questions you would like answered: | | |
| | | |
| Section 6. The manager's signature below also confirms that the reason for referral has been fully explained to the employee. | | |
| Name and signature of Referring Manager: | | |
| Date: | | |
| | | |