

MANAGEMENT REFERRAL FORM

EXTERNAL USE

Please read the below before completing:

The referral **must** be discussed with the member of staff and their agreement obtained before submission. Signed consent to proceed is necessary and must accompany this referral. Please ensure that the correct employee contact details are provided to avoid any delays in arranging a consultation.

Please refer to your Manager's Guide, and once completed, send the referral form and accompanying documents to occhealth@healthassured.co.uk (a maximum of 10 documents; to include a current job description, latest fit note if available and sickness absence records for the last 12 months).

Please type your referral, handwritten referrals will not be accepted. It is imperative that the information provided is legible prior to submission to avoid delays in the referral being processed.

Details of Referring Manager (name and address for reporting purposes):

Name of manager making the referral:		Position:	
Company name:			
Company address:			
Office tel:		Mobile:	
		Email:	
Purchase order number		Invoice instructions	

Staff Member – Personal Details: *Please ensure you seek permission to share this information*

Title:		First name/s:		Surname:	
Date of birth:		Home address:			
Tel. Number:	<i>Best number to make contact.</i>		Best time to contact: <i>We are able to call between 9am and 4pm Monday to Friday.</i>		
Email:	<i>Please provide a direct email address for this employee and not a group or routinely shared account.</i>				
Job title:		Usual hours of work:		Length of service:	
Work location (full postal address):					
Does the employee require a translator: Yes <input type="checkbox"/> No <input type="checkbox"/> <i>It is the employers' responsibility to advise Health Assured of this and provide or arrange for an interpreter (even for telephone consultations). The employee may be able to ask a family member to help with this however, they must agree and be comfortable discussing their health in the presence of the third party.</i>					

Work pattern: <i>Select relevant box</i>	Full time <input type="checkbox"/>	Part time <input type="checkbox"/>	Job share <input type="checkbox"/>	Relief <input type="checkbox"/>	Night work <input type="checkbox"/>	Other: <i>please specify</i> <input type="checkbox"/>
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Job demand: <i>Select relevant box;</i>	Physical	Environmental	Location	Other
	<input type="checkbox"/> Climbing <input type="checkbox"/> Computer work <input type="checkbox"/> Deskwork <input type="checkbox"/> Driving <input type="checkbox"/> Lifting or carrying <input type="checkbox"/> Operating machinery <input type="checkbox"/> Prolonged standing <input type="checkbox"/> Repetitive tasks	<input type="checkbox"/> Biological hazards <input type="checkbox"/> Chemicals <input type="checkbox"/> Confined space <input type="checkbox"/> Dust or fumes <input type="checkbox"/> Needle stick <input type="checkbox"/> Night work <input type="checkbox"/> Noise <input type="checkbox"/> Vibration <input type="checkbox"/> Work at heights	<input type="checkbox"/> Café/Retail <input type="checkbox"/> Care home/Day centre <input type="checkbox"/> Charity shop <input type="checkbox"/> Fieldwork <input type="checkbox"/> Office <input type="checkbox"/> Outdoors <input type="checkbox"/> Manufacturing <input type="checkbox"/> Playgroup/Nursery <input type="checkbox"/> Training centre	<input type="checkbox"/> Childcare <input type="checkbox"/> Elderly care <input type="checkbox"/> Social work <input type="checkbox"/> Staff management <input type="checkbox"/> Teaching/Training <input type="checkbox"/> Travel abroad

Further details *Please provide a short summary of work activity here e.g. teaching, managerial, safety critical tasks, minibus driving, science/practical tasks, trip abroad.*

The Reason for The Referral Is as Follows: *Click relevant box(es)*

A	Five episodes of absence in the last 12 months	<input type="checkbox"/>
B	Signed off sick for a continuous period of 21 days or more in one episode	<input type="checkbox"/>
C	Experienced second absence in rolling 12 month period for a mental health condition	<input type="checkbox"/>
D	Experienced second absence in rolling 12 month period for musculoskeletal condition	<input type="checkbox"/>
E	Absent on the grounds of ill health for more than six weeks and is subject to formal disciplinary proceedings	<input type="checkbox"/>
F	Ill health retirement	<input type="checkbox"/>
G	Other – please give details	<input type="checkbox"/>

Please give a description of the issue that has prompted this referral:

Please provide details

Is the employee currently absent from work?	<input type="checkbox"/> Yes <input type="checkbox"/> No date of first absence: <i>Select appropriate box</i>
Additional/supporting information: <i>Please provide a copy of the employee's absence record, reasons for absences, medical certificates and details of any specific background relevant to this case.</i>	

Questions you would like answered: *Click relevant box(es)*
 Please refer to our *occupational health manager's guide* for assistance.

A	Is the employee fit for their normal hours and duties required by their post? If not, when will they be able to return to work/return to normal hours/duties or alternative work?	<input type="checkbox"/>
B	Is there an underlying medical condition affecting their ability to work?	<input type="checkbox"/>
C	How does this condition affect the employee at present?	<input type="checkbox"/>
D	Are they having appropriate treatment, will it aid their recovery and if so when?	<input type="checkbox"/>
E	Is this employee likely to be able to provide regular and effective service in the future?	<input type="checkbox"/>
F	In your view, is the employee likely to be covered under the disability provision of the Equality Act 2010? <i>Occupational health can provide guidance only on this question.</i>	<input type="checkbox"/>
G	Advice with regard to possible adjustment(s) and support, which the employer could consider.	<input type="checkbox"/>
H	Is the employee fit to attend a formal meeting (i.e. disciplinary)?	<input type="checkbox"/>
I	Other – maximum two extra questions permitted <i>Please provide detail below. Any additional questions will be chargeable.</i>	<input type="checkbox"/>

The completed report should be used as a management resource to consider additional steps and support to progress your case. It is not prescriptive, **it is advisory only**, the possibility of implementing any suggestions is purely a decision by the employer, subject to your business requirements, policies and procedures. For example, any rehabilitation program or adjustments must be agreed by management, taking into account the needs of the organisation and any constraints within the work environment.

Please confirm you have discussed the reasons for referral with the employee, provided them a copy of the guidance notes and obtained a signed consent form. We are unable to proceed without confirmation that you have completed these steps.

I confirm that I have understood and actioned the above.

Confirm

Referring Managers Name	
Signature	
Date	

Please be aware that under the Data Protection Act 2018 and European General Data Protection Regulation 2016/679 (GDPR), Health Assured is obliged to supply, within 30 days, any data pertinent to the individual, upon their written request.

Please return all documents to us via e-mail to occhealth@healthassured.co.uk.

CONTACT US

Health Assured can be contacted on:

0161 836 9481

or by emailing:

occhealth@healthassured.co.uk

or by post at:

**Health Assured Ltd
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Victoria Place
Manchester
M4 4FB**