

Occupational Health Unit

4th Floor - Carmelita House

21-22 The Mall

Ealing

London W5 2PJ

Tel: 020 8825 7400

Fax: 020 8825 9970

|  |
| --- |
| **OCCUPATIONAL HEALTH – MANAGEMENT REFERRAL FORM** |

The information contained within this referral form is confidential to Occupational Health,

the Manager / Headteacher, HR Advisor and Employee

***A copy of this form must be made available to all of the above***

Please complete **ALL** fields

***The referral will not be processed unless this form is fully completed***

|  |
| --- |
| ***Employee’s personal details:*** |
| Surname: |       | Title: | Mr [ ]  Mrs [ ]  Miss [ ]  Ms [ ]   |
| First Name: |       |
| Home address: |       |
| Date of birth: |       | Gender:  | Male [ ]  Female [ ]   |
| Telephone - Mobile: Home: Work: |                 |
| Email: |       |
| ***Employment details:*** |  |
| Job title: |       |
| Department/School: |       |
| Work location: |       |
| Days/hours of work: |       |
| Date started in post: |       |
| Please outline the main duties of post or attach JD: |       |
| Is the employee subject to disciplinary/work review/medical capability? Yes [ ]  No [ ]  |
| ***Employee’s health related details:*** |
| Is the absence due to an injury at work?Yes [ ]  No [ ]  |
| Has the employee been referred to the OHU before? Yes [ ]  No [ ]  |
| At the time of this referral is the employee: At work? [ ]  Off sick at home? [ ]  Off sick in hospital? [ ]  |
| First day of sickness absence:       |
| Anticipated date for return to work:       |
| ***SECTION A*** *–* ***Employee’s sickness absence details for the last 12 months:*** |
| First date of absence | No. of days absence | Reason for absence |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
| ***SECTION B*** *-* ***Referral details (see guidance notes for Section B):*** |
| 1. **Please give your main concerns for referring the employee to Occupational Health:**

      |
| 1. **Please state what the main issues at work are/will be on return to work, *i.e. customer facing, heavy lifting:***

      |
| 1. **Where applicable, please give full details of any actions/adjustments that have been taken to date to address the issues, *i.e. flexible hours:***

      |
| 1. **Does the employee have any previous history of problematic sickness absence (other than in the rolling year)? Yes** **[ ]  No** **[ ]**

**If yes, please give details**:      |
| 1. **If off sick at home, are you in regular contact with the employee?** Yes [ ]  No [ ]

**If yes, by what method?**       **Details of last update:**       |
| ***SECTION C – Management request for information (see guidance notes for Section C):*** |
| 1. **What specific issues would you like guidance and/or clarification on?**

      |
| 1. **Please identify any limitations on reasonable adjustments that may be relevant to this post**

***i.e.* *must be customer facing, no light duties, must be fit to teach***      |
| ***MANAGER / HEADTEACHER DETAILS AND DECLARATION:*** |
| **Please read this section and complete the details as requested.** (*Please note that we are unable to send appointments to employees who have not been advised of the reason for referral by their manager/ headteacher and also received a copy of the referral*). |
| The employee has been interviewed/advised of the reason for this referral on      I have given/forwarded a copy of this referral to the employee on      I have forwarded a copy to my HR Advisor:       on       |
| **Surname:** |       |
| **First Name:** |       |
| **Job Title:** |       |
| **Place of work:** |       |
| **Telephone no.**  |       |
| **Email:****(*For receipt of confidential information*)** |       |
| **Date referral completed:** |       |

On completion please save this document and email it to: occupationalhealth@ealing.gov.uk

**(Clearly mark your email as CONFIDENTIAL)**

Please note that receipt of this referral will be confirmed to the Manager / Headteacher.

**Guidance Notes for Section B**

As a manager there are many reasons you may consider referring an employee to the Occupational Health Unit.

* Absence from work for a long continuous period (4 weeks).
* Frequent short-term absences.
* A general high level of sickness absence over a rolling year.
* Concern for an employee even though at work.
* Advice on an employee returning to work after a period of sickness absence.
* Advice on any Health and Safety aspect of employee’s duties.
* Advice on reasonable adjustment.
* Advice on medical redeployment or ill health retirement.

It is helpful to Occupational Health if you can also indicate reasons for your concerns. These reasons may include:

* Poor work performance due to ill health.
* A pattern in sickness absence.
* Inability to carry out some or all of duties – please be specific.
* Poor punctuality – include details.
* Suspected substance abuse.
* Change in character i.e. tearful, uncommunicative, reduced ability to cope.

**Guidance Notes for Section C, Q1**

In an attempt to give appropriate and helpful feedback, the manager making the referral must indicate what advice he/she is seeking. Examples of questions you may want to ask are:

* When will the employee be fit to return to work?
* Will the employee be able to work their usual hours/shifts?
* Will the employee be fit to carry out the full duties of his/her post?
* Are there any adjustments that can be made to assist the employee in their return to work?
* Is the employee fit to attend a work review/disciplinary hearing?
* Is the employee’s sickness absence likely to continue/recur?
* How can I help the employee to reduce their sickness absence?
* Is the employee fit to carry out alternative duties?
* Are there grounds for medical redeployment?
* Are there grounds for ill health retirement?

**If you have specific duties or hours in mind please state them in your question. E.g. Will the employee be able to visit clients/carry equipment?**

**Guidance Notes for Section C, Q2**

Please indicate any restrictions on meeting reasonable adjustments. This may include requirements of the employee’s job description, for example:

* Hours of work must include ……
* Needs to be able to travel to various sites.
* Must be able to work on the front line.
* Manual handling cannot be avoided.
* Shift work required.
* No light duties available.