

Occupational Health Unit

4th Floor - Carmelita House

21-22 The Mall

Ealing

London W5 2PJ

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| **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***

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| --- | --- | --- | --- | --- | --- | --- |
| ***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 | | |
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| ***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](mailto: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.