



Management Referral to Occupational Health - Education

Employees Surname
(Miss, Mrs, Miss, Mr, Dr)
Maiden Name
(if applicable)

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Employees Forename(s)
Date of Birth

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Home Address

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Telephone number:

Email Address

Job Title

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Full/Part-Time

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Department Address Where Working

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Referring Manager

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Managers Position

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Department address if different from employees

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Telephone number

Email Address

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Demands of the Post – please give details of the physical, mental and emotional demands of the job as detailed on the Job Description

Reason(s) for Referral

Sickness Absence

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|---|
| |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

Other Management Referral

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Is the employee currently at work?

Please state current incapacity:

Is the referral for:

| | | |
|---|------------------------------|---|
| Long term sickness absence No <input type="checkbox"/> | Yes <input type="checkbox"/> | <i>How long person has been off sick for?</i> |
| Short term sickness absence No <input type="checkbox"/> | Yes <input type="checkbox"/> | |

Action Taken To-Date

At what stage of the attendance Management Process is the person currently being managed?

Has this been discussed with HR?

☒ Yes ☐ No

Name of HR Adviser

Have any of the following options been discussed with the member of staff?

| | | | |
|--|---|-----------------------------------|---|
| Graduated Return to Work | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Change of hours or shift pattern? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Re-deployment – short term | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Re-deployment – long term | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Ill Health Early Retirement | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Dismissal on health grounds | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| If any of the options above have been discussed, what was the outcome? | | | |

Questions to Occupational Health

These are typical questions you may consider asking Occupational Health to assess.

Please delete any that are not applicable in the circumstances or add any questions you would like answering

- Are there any underlying medical conditions that the manager needs to be aware of for this member of staff?
- Are there any adjustments necessary for this member of staff to be able to return to their existing role?
- Should this member of staff be considered for re-deployment?
- If this member of staff should be considered for re-deployment, are there any restrictions that the manager needs to be aware of in facilitating this?
- Is the member of staff likely to return to work in the foreseeable future?

Please enclose the documents listed with this referral.

1. Attendance Record for the last two years
2. A copy of the letter to the member of staff confirming the outcome of the last meeting related to attendance if applicable

Signature or confirmation by Manager

☐

(please tick if signature is not obtainable)

I confirm the referral has been discussed with the employee that they agree to the referral and that they consent to being seen by the Occupational Health Service.

Date of Referral

Signature of Employee

(Mandatory if employee is at work. If employee is off work then manager should affirm this has been discussed with the employee who will then be asked to sign on attendance to Occupational health)