

Management Referral Form

EMPLOYMENT DETAILS: *TO BE COMPLETED IN BLOCK CAPITALS BY APPOINTING MANAGER*

Employee's Name:

Employee's Job Title:

Address:

Date of Birth:

Telephone no. Home:

Mobile:

Work:

Best time to call:

Please give clear details below of the reasons for this referral. Additional information may be attached to this form if you wish. Include the job elements you are specifically worried about

Section A: To be completed by the referring person

If you are worried about your employee's physical well-being, describe this here. These should include a description of any physical disabilities, inability to undertake certain duties/activities and details of any injury sustained and whether they are home or work related etc

If you are worried about your employee's psychological/mental well-being, you should provide specific details of the issues causing concern. These should include a description of any inappropriate behaviour, alterations in behaviour, problems between the employee and colleagues and/or any known psychiatric ill health

Section B: To be completed by the referring person

What action has been taken to try and accommodate your employee's health problems? Include details of any risk assessments, re-deployment, alterations, adjustments, attendance etc

Section C: To be completed by the referring person

Is this person? (Yes or no)

Currently off sick

In the Pension Scheme

Name of pension scheme

Date of joining

Details of sickness absence for past rolling year and other issues

Section D: To be completed by the referring person – signature of the referring person

Signature: _____

Date: _____

Designation: _____

Department: _____

Report to be sent back to: Please print

Name: _____ Telephone: _____ email: _____

Address: _____

Tick all sections that apply:

I have attached the job description (only if an unusual job)

Supplied additional information

Signed section D and ensured that the employee has signed Section G

Discussed the contents of this referral with the employee concerned

Section E: Managers Questions – What do you want to know? Only tick those relevant

1. Is there an underlying medical condition?
2. Is he/she fit to undertake their duties?
3. When will he/she be fit to undertake his/her duties?
4. Are the provisions of the Equality Act (disability) likely to apply?
5. Are there any adjustments you recommend?
6. Do you recommend re deployment?
7. Is he/she likely to be able to give reliable and effective service/attendance in the future?
8. Is there any additional help or support you can recommend?
9. Is this level of absence likely to continue?
10. Other questions:

Section F: To be Signed by EMPLOYEE after reading completed form

I have read and understand the comments made in this referral. I understand the purpose of being referred to Occupational Health and will attend.

Signature:

Date:

The completed form should be returned to the South Gloucestershire Occupational Health.