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| **Management Referral Form**  |
| **Please ensure that you have fully completed the Management Referral Form and attached a copy of the most recent GP FIT note, Job description and copy of the Sickness Absence Record. Please follow the guidance notes attached regarding completion of the form.** **On completion please submit to** **Occupational Health, Level 1, Support Hub, Old Technical Institute (OTI), University of Dundee, DD1 4HN Occupationalhealth@dundee.ac.uk** **Telephone 01382 386948** **OH will then contact the individual to arrange an appointment and will advise the HR Officer of the scheduled (and if different, confirmed) date(s).**  |

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| **EMPLOYEE DETAILS**  |
|  Title: ………………………………… Forename(s): ………………………………………………………………....   Surname: ………………………………Maiden/Previous Surname: ……………………………………………..…..  (If applicable) Staff I.D.Number ………………………Staff Email address: …….………….. ………………………………………. Home Address: ………………..…………………………………………………………………………………………  ……………………………………………………………………………………………………………………………… Date of Birth: …………………………Telephone Number: ………………………………..……………………….  Mobile Number :………………………. Home Email :……………………...……………………………………… . **PLEASE STATE PREFERRED CONTACT DETAILS FOR CONSULTATION PURPOSES**  |

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| **EMPLOYMENT DETAILS**  |
|  Job Title: …………………………….…………………….. Current Working Pattern Full Time / Part Time /Shift Comments: ……………………..……………………………  Place of Work: ………………………….……………. Directorate ……………………………………………………… Referring Manager: ………………………………… HR Officer: …………………………………………………….  |
|  Please tick appropriate box/boxes regarding hazards at work   manual handling  climbing - step-ladders/ladders/roofs  driving e.g. car/van/LGV/PCV  food handling  lone working  use of latex gloves  shift working/night work/on call duties  animal house  outside work or deep freeze  pesticides  hot temperatures e.g. boiler house  pesticides  skin exposure to hazardous substances e.g. solvents - specify ………………………………………..……………… inhalation exposure to hazardous substances e.g. dust, fume, mist, gas, vapour - specify …………….………………  other hazards - specify ……………………………………………………………………………….……………  **Attach risk assessment**  |

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| **HISTORY**  |
|  Date commenced in current post: ……………………………………………………………………………………. Date of current/last absence (please delete as appropriate): ……………………………………………………. Certified cause/reason given on GP Fit Note: ……………………………………………………………………….  |
|  Sickness absence record in past year or see attached sickness absence record  …………………………………………………………………………………………………...…………………………………  |
| **REASON FOR REFERRAL**  |
|  ………………………………………………………………………………………………………….…………………………..  …………………………………………………………………………………………………...…………………………………  …………………………………………………………………………………………………………………………………..….  …………………………………………………………………………………………………………………..………………….  ……………………………………………………………………………………………………………………………………… **It is the responsibility of the Referring Manager to explain to the employee the reason and content of this referral.** **ADDITIONAL INFORMATION** ***e.g. Has any rehabilitation programme been planned? YES***  ***NO***  *(if yes, please give details)*  ………………………………………………………………………………………………………….…………………………..   |
| **PLEASE INDICATE WITH A TICK WHICH QUESTIONS YOU WOULD LIKE THE OHA OR OHP TO ANSWER**  |
| Is the employee fit to return to work?  When will the employee be likely to return to work (please give date if able)?  Are any restrictions at work or job modifications advised?  Is there a medical condition affecting the employee’s ability to do their job? Are there any work factors contributing to this absence?  Is the condition likely to affect future attendance at work?  Should the employee be considered for retiral on medical grounds?   Other – please specify (*continue on a separate sheet if necessary) ……………………………………..*……………………………………………………………………………………………………………………   |
| **REFERRAL MADE BY:**  |
| **NAME: …………………….…………………………………… SIGNATURE: ………………………………...……………..** **JOB TITLE: ………………………...…………………………. DATE: ………………………………………………………..** **DIRECTORATE/DISCIPLINE/SCHOOL: ………….………….........………………………………………………………...** **EMAIL ADDRESS FOR REPORT …………………………………………………………………………………………………………………………….****EMAIL ADDRESS OF HR OFFICER …………………………………………………………………………………………………………………………** **N.B. Please include email address for HR Officer if they are to be copied into the report**   |

**MEMORY AID**

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| **ATTACHED FORMS**  | **PLEASE TICK WHEN COMPLETED** |
|  |  |
| SICKNESS ABSENCE RECORD |  |
| GP FIT NOTE  |  |
| JOB DESCRIPTION |  |
| RISK ASSESSMENT – NOTE HAZARDS |  |
| HAVE YOU INDICATED QUESTIONS REQUIRED TO BE ANSWERED  |  |
| HAVE YOU SUPPLIED ALL CONTACT DETAILS  |  |