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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** |
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| 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 |  |