**OCCUPATIONAL HEALTH SERVICE**

**MANAGEMENT REFERRAL FORM**

**FOR OCCUPATIONAL HEALTH ASSESSMENT AND ADVICE**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRIVATE AND CONFIDENTIAL

This form is confidential to Occupational Health (OH). Once completed by the Manager / Employee Relations Adviser responsible for the employee, please send either by post to the Occupational Health Service, Room 4N.6.2, University of Essex, Wivenhoe Park, Colchester, Essex CO4 3SQ or by email to [ohquery@essex.ac.uk](mailto:ohquery@essex.ac.uk)

**Please complete this form using the “**[**Guidance for Managers: Completing an Occupational Health Management Referral Form**](https://www.essex.ac.uk/staff/managing-people/occupational-health-referrals)**” document.  *We will be unable to process the referral if the form is not completed in full.***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Member of staff details (Please complete all sections) | | | | | | | |
| Title: | | | Pronouns: | | Full name: | | |
| Department/Faculty/Section/School: | | | | | Date of birth: | | |
| Job title: | | | | | Date employment commenced: | | |
| Please circle the member of staff’s preferred method for OH to inform them of their appointment:  Work email Personal email Telephone Letter | | | | | | | |
| Home address: | | | | | Telephone number (this will also be the number used for telephone appointments if applicable): | | |
| Personal e-mail address if applicable: | | |
| Which campus is the member of staff mainly based at? | | | | | Colchester Southend Loughton | | |
| Referring Manager’s details (Please complete all sections) | | | | | | | |
| Name: | | | | | Contact telephone No: | | |
| Position: | | | | | E-mail: | | |
| Employee relations advisor contact name (if known) | | | | | | | |
| Current status (Please complete all sections) | | | | | | | |
| Is the member of staff currently at work?  Yes / No (delete as applicable) | | | | | If not at work, please state the date that the absence commenced: | | |
| Is the member of staff on a phased return? (If yes, date started and number of hours working on a phased return) | | | | | | | |
| Normal working hours/working pattern: | | | | | Is the member of staff working overtime in their current role, or engaged in other employment? | | |
| Reason for referral (Please tick most relevant option) | | | | | | | |
|  | | Frequent short term sickness absence (Please supply separate summary of sickness absence in the last 12 months only) | | | | | |
|  | | Long term sickness absence | | |  | | Consideration of ill health retirement |
|  | | Impact of fitness/health to perform current role | | |  | | Accident/Incident at work |
|  | | Fitness to return to work after illness/injury | | |  | | Access to Work Application |
|  | | Other (Please state): | | | | | |
| Reason for referral (Please complete)  (Include relevant background information such as recent job changes/adjustments, workplace issues, performance concerns, existing disabilities or any support offered to date by the University. Please refer to *“*[*Guidance for Managers: Completing the Occupational Health Management Referral Form*](https://www.essex.ac.uk/staff/managing-people/occupational-health-referrals)*”)* | | | | | | | |
|  | | | | | | | |
| Are there any work performance issues? (Please complete this section) | | | | | | | |
| If yes, please explain: | | | | | | | |
| What are the specific questions you would like OH to answer to help you manage the situation? (Please complete this section.)  It would be helpful if you could number your questions. Example questions can be found on the [guidance document](https://www.essex.ac.uk/staff/managing-people/occupational-health-referrals) for managers completing the referral form. | | | | | | | |
|  | | | | | | | |
| Please provide any additional relevant information: | | | | | | | |
|  | | | | | | | |
| Job requirements (Please tick all that apply) | | | | | | | |
|  | Using display screen equipment / VDU Work | | |  | | Safety critical work (e.g., security) | |
|  | Shift worker | | |  | | Working at heights | |
|  | Night worker | | |  | | Manual handling | |
|  | Lone worker | | |  | | Working with vibrating tools | |
|  | Driving on University business on a regular basis | | |  | | Working in noisy environment | |
|  | Working in confined spaces | | |  | | Working with chemicals/biological substances | |
|  | Overseas travel | | |  | | Working under pressure, exposed to violence/responding to emergency situations | |
| Please attach a job description with this referral. If this is not available, please provide a brief overview of the employee’s work duties. Please ensure this section is completed if a job description is not available, | | | | | | | |
|  | | | | | | | |

|  |
| --- |
| Referring Manager Information |
| Please note:   * The referral will be shared with the member of staff and used as the basis of their consultation in Occupational Health. * Occupational Health will need to obtain consent from the member of staff to send the Occupational Health Report based on the consultation. If the member of staff withholds their consent, you have to proceed without the benefit of Occupational Health advice. * It is the referring manager’s responsibility to provide Employee Relations (hrer@essex.ac.uk) and the member of staff with a copy of this referral * It is the referring manager’s responsibility to update Occupational Health on any changes that may affect the member of staff’s referral, prior to their assessment. * Please ensure the member of staff is advised that all correspondence regarding their assessment will be via their university email address, unless requested otherwise |
| I confirm that I have read the above information and have spoken to the member of staff, providing them and ER with a copy of this referral.  Name: Signature:  Date |