

Management Referral Form 2017

Robens Centre Occupational Health and Safety
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Robens Centre
Occupational Health and Safety

Name of Person	
Address	
Post code	
Home Tel. No	
Mobile No.	
Work Tel No.	
Date of birth	
Job title	
Email	
Place of work	
Name of referring organisation	

Robens Management Referral

1. Reason for Referral including any absence dates (if appropriate). Please attach sickness absence records

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2. The member of staff is required to do the following duties:

- Manual Handling
- Driving
- Display Screen Equipment
- Working night/shift work
- Working with chemical or other hazardous substances (specify particular risks in box below)
- Working from home
- Working unsupervised/alone
- Working in outside environment (all weathers)
- Working at height/ladders
- Work in confined spaces
- On-call duties
- Working with dangerous machinery
- Working with power or vibrating tools
- Work in laboratories (specify particular risks in box below)

3. Specific risks identified and/ or other duties not included above. Please upload job description before submitting.

4. Please select which questions you require occupational health to address:

- What is the employee's current state of fitness for work? Is it possible to predict a likely date to return to work?
- Is there an underlying medical condition to account for this absence, behaviour, performance etc.?
- Are there any particular duties the employee will be unable to carry out? If so how long will this be the case?
- Are there any work modifications that would alleviate the condition or facilitate rehabilitation?
- Is the condition likely to recur?
- Is the condition covered by the Equality Act 2010?

5. Additional advice sought. Please add any further advice sought in the box below.

- Is the employee fit to attend formal meeting/s with managers/HR?
- What is the likely prognosis for any medical condition(s)?
- Is there any medical reason why the employee cannot undertake the duties of the post regularly and efficiently in the future?
- Is there a need to seek alternative employment?

6. Please indicate if there have been any adjustments implemented so far and provide details below?

- A change of duties/tasks
- A change of hours

- A change of location or working area
- A change of working procedures
- Additional training (i.e. manual handling)
- Additional equipment

7. Employee's performance. Please provide details below including what actions have been taken to address these

- There has been a change in attitude or performance towards the standards of the job required
- There has been a change in timekeeping (i.e. lateness, short term absences)
- There has been a change of attitude or behaviour towards colleagues/manager

8. Manager's name, contact address and email:

Name	
Job title	
Email	
Address	
Contact Number	
	<p>I confirm that I have discussed the reasons for this referral with <i>(Name)</i> _____ and they fully understand and agree that they may be required to attend for a consultation.</p> <p>Signature:.....</p>

A copy of the recommendations will be sent to the referring Manager, the HR Department and the Employee.

In accordance with the Data Protection Act 1998, the information given on this form will be used for medical purposes only and will not be released to anyone who does not require it for this purpose. Any recommendations made on the basis of this assessment may be forwarded as necessary. The form will be placed in your Occupational Health file and kept throughout your employment, after which it will be archived. You can obtain a copy of your records by contacting the Robens Centre for Occupational Health and Safety.