

Management Referral Form – NHS and Healthcare	Issue 2: July 2018 WWF-008
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EMPLOYEE SECTION – TO BE COMPLETED BY THE EMPLOYEE

Surname:																			
Forename:																			
Mr/Mrs/Miss/Ms/Dr/Other:											Date of Birth:								
Personal email:																			

(we will email your appointment letters and clinician reports - please ensure workingwell@nhs.net is on your safe senders list/check your junk folder)

Home phone No.											<input type="checkbox"/>	Preferred?						
Mobile phone No.											<input type="checkbox"/>	Preferred?						
Work phone No.											<input type="checkbox"/>	Preferred?						
Home Address:																		
Post Code:																		

Privacy Notice
 No personal information held by us will be processed unless the requirements for fair and lawful processing can be met. Our Privacy Notice, which can be accessed at [Working Well](#) provides a summary of how we will ensure we meet these requirements.

MANAGER SECTION - TO BE COMPLETED BY THE MANAGER

Organisation:			
Manager's Surname:			
Manager's Forename:			
Contact No.			
Managers secure work email:			
HR Adviser			

Secure password will be made up of WW and Employee DOB i.e. WWDDMMYY

Employee's Job Title:			
Location / Area of Work:			
Contracted Hours:	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Number of Hours: Bank <input type="checkbox"/> Temporary <input type="checkbox"/> How many months:		

Please attach a job description, or provide brief details of the job on a separate sheet.

ADVICE REQUIRED: *Please tick*

- Long-term sickness absence
- Frequent short-term sickness absence
- Fitness for current position
- Any adjustments that should be made, including redeployment either temporary or permanent
- Likely date when employee will be fit to return to their duties
- Is this person likely to meet the criteria for protection under the disability provisions of the Equality Act 2010
- To assess possible eligibility for ill health retirement

IS THIS PERSON CURRENTLY OFF SICK?

YES

NO

1. If employee is currently off sick, please give date last worked and the reason given for sickness absence:

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2. Please provide (or attach details) of the last 12 months' sickness absence, including dates and reasons for absence:

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3. Please provide further details of the main issues that have led to this referral:

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4. Please indicate any specific questions on which you would like advice (that are not already covered above).

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Please indicate if duties involve any of the following requirements or exposures:

- | | |
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| <input type="checkbox"/> Shift Work | <input type="checkbox"/> Visual Display Unit (VDU) Work |
| <input type="checkbox"/> 00:00–05:00hrs Night Working | <input type="checkbox"/> Skin Sensitisers / Irritants |
| <input type="checkbox"/> Working Alone | <input type="checkbox"/> Driving of clients or patients |
| <input type="checkbox"/> Significant Manual Handling | <input type="checkbox"/> Dusts |
| <input type="checkbox"/> Respiratory Sensitisers / Irritants | <input type="checkbox"/> Hand Arm Vibration (HAVS) |
| <input type="checkbox"/> Chemicals | <input type="checkbox"/> Significant/Repetitive Noise |
| <input type="checkbox"/> Other Identified Hazards: | |

MANAGER'S DECLARATION

I have discussed the reasons for this referral and the details on this form with the employee and have provided him/her with a copy of the form.

Signature (Manager)		Date	
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