

Management Referral Form – Gloucestershire Hospitals NHS Foundation Trust	Issue 2: July 2017 WWF-008a
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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

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

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

ORGANISATION:	GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST
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
- To advise regarding suitability for 'Fast Track Treatment' under the Trust's "Priority Treatment for Staff" (Fast-Track Healthcare) Policy

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:

- | | |
|--|---|
| <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 |

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