

Management Referral Form – University of Gloucestershire	Issue 1: Sept 2018 WWF-008b
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STUDENT SECTION – TO BE COMPLETED BY THE STUDENT

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.

REFERRERS SECTION - TO BE COMPLETED BY THE REFERRER

COHORT:	
Name of Referrer:	
Relationship to student:	
Contact No.	
Secure work email:	

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

ADVICE REQUIRED: Please tick

<input type="checkbox"/>	Long-term sickness absence
<input type="checkbox"/>	Frequent short-term sickness absence

<input type="checkbox"/>	Fitness for study or placement
<input type="checkbox"/>	Any adjustments that should be made, including redeployment either temporary or permanent
<input type="checkbox"/>	Likely date when student will be fit to return to their studies
<input type="checkbox"/>	Is this person likely to meet the criteria for protection under the disability provisions of the Equality Act 2010

IS THIS PERSON CURRENTLY OFF SICK?		YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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1.	If student is currently off sick, please give date last worked and the reason given for sickness absence:
2.	Please provide (or attach details) of the last 12 months' sickness absence, including dates and reasons for absence:
3.	Please provide further details of the main issues that have led to this referral:
4.	Please indicate any specific questions on which you would like advice (that are not already covered above).

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"/> Significant Manual Handling	<input type="checkbox"/> Respiratory Sensitisers / Irritants
<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 (Referrer)		Date	
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