



<b>Management Referral Form</b> <b>Gloucestershire Hospitals NHS Foundation Trust</b>	<b>Issue 3: Dec 2020</b> <b>WWF-008a</b>
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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 that [workingwell@ghc.nhs.uk](mailto:workingwell@ghc.nhs.uk) is on your safe senders list/check your junk folder)**

Work phone No.													<input type="checkbox"/>	<b>Preferred?</b>
Home phone No.													<input type="checkbox"/>	<b>Preferred?</b>
Mobile phone No.													<input type="checkbox"/>	<b>Preferred?</b>

We will use your mobile number to text your appointment updates and if you use any of our services in the future. You can opt out of receiving text messages at any time by replying **STOP** to any of our texts or by emailing [workingwell@ghc.nhs.uk](mailto:workingwell@ghc.nhs.uk)

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**

<b>ORGANISATION:</b>	<b>GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST</b>
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***

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

<b>IS THIS PERSON CURRENTLY OFF SICK?</b>	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
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1.	If employee 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"/> 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.

<b>Signature (Manager)</b>		<b>Date</b>	
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**Once this form is fully completed please submit it to  
[gln-tr.ohadvisoryinbox@nhs.net](mailto:gln-tr.ohadvisoryinbox@nhs.net)  
who will review and process it.**