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| <b>Management Referral Form</b><br><b>Gloucestershire Health and Care NHS Foundation Trust</b> | <b>Issue 2: Dec 2023</b><br><b>WWF-008c</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:   |  |                   |  |  |  |
| <b>(we will email your appointment letters and clinician reports - please ensure workingwell@ghc.nhs.uk is on your safe senders list/check your junk folder)</b>  |  |                   |  |  |  |
| Work phone No.  |  | <b>Preferred?</b> |  |  |  |
| Home phone No.  |  | <b>Preferred?</b> |  |  |  |
| Mobile phone No.  |  | <b>Preferred?</b> |  |  |  |
| <b>We will email your appointment letters and clinician reports. Please ensure workingwell@ghc.nhs.uk is on your safe senders list/check your junk</b>  |  |                   |  |  |  |
| Home Address:   |  |                   |  |  |  |
| Post Code:  |  |                   |  |  |  |
| <b>Privacy Notice</b>   |  |                   |  |  |  |
| 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 <a href="https://www.workingwellglos.nhs.uk/privacy-notice/">https://www.workingwellglos.nhs.uk/privacy-notice/</a> provides a summary of how we will ensure we meet these requirements. |  |                   |  |  |  |

**MANAGER SECTION - TO BE COMPLETED BY THE MANAGER**

|   |   |
|---|---|
| <b>Organisation</b>   | <b>Gloucestershire Health and Care NHS Foundation Trust</b> |
| Manager's Surname:  |   |
| Manager's Forename:   |   |
| Contact Number.   |   |
| Managers secure work email:   |   |
| HR Adviser:   |   |
| <b>Secure password will be made up of WW and Employee DOB i.e. WWDDMMYY</b> |   |
| Employee's Job Title:   |   |
| Location / Area of Work:  |   |

|   |           |           |                  |
|---|-----------|-----------|------------------|
| Contracted Hours:   | Full Time | Part Time | Number of Hours: |
|   | Bank      | Temporary | 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:           |
|    |  |
| 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:**

|                                     |                                |
|-------------------------------------|--------------------------------|
| Shift Work                          | Visual Display Unit (VDU) Work |
| 00:00–05:00hrs Night Working        | Skin Sensitisers / Irritants   |
| Working Alone                       | Driving of clients or patients |
| Significant Manual Handling         | Dusts                          |
| Respiratory Sensitisers / Irritants | Hand Arm Vibration (HAVS)      |
| Chemicals                           | 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.**

|                                |  |             |  |
|--------------------------------|--|-------------|--|
| <b>Signature<br/>(Manager)</b> |  | <b>Date</b> |  |
|--------------------------------|--|-------------|--|

**Once this form is fully completed please submit it to:**

[workingwell@ghc.nhs.uk](mailto:workingwell@ghc.nhs.uk)

**who will review and process it.**