



Management Referral Form – University of Gloucestershire	Issue 2: Dec 2023 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@ghc.nhs.uk is on your safe senders list/check your junk folder)									
Work phone No.							Preferred?		
Home phone No.							Preferred?		
Mobile phone No.							Preferred?		
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									
Home Address:									
Post Code:									
<u>Privacy Notice</u> 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 https://www.workingwellglos.nhs.uk/privacy-notice/ 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

Long-term sickness absence

Frequent short-term sickness absence

Fitness for study or placement

Any adjustments that should be made, including redeployment either temporary or permanent

Likely date when student will be fit to return to their studies

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

NO

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:

Shift Work	Visual Display Unit (VDU) Work
00:00–05:00hrs Night Working	Skin Sensitisers / Irritants
Significant Manual Handling	Respiratory Sensitisers / Irritants
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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