

**QF 20 MANAGEMENT REFERRAL FORM**

**This referral form should be completed by the Human Resources Department or Line Manager responsible for the colleague. This form is confidential when complete and will form part of the colleague’s occupational health record.**

**This form should not be used for referrals for Workstation assessments, Ill health retirement applications or to the OH services’ ‘Chronic Conditions Support Programme’. Each of these has their own specialist referral form which is available upon request.**

**Referrer’s details**

|  |  |
| --- | --- |
| Your name and title |  |
| Organisation name | **Compass Group UK & Ireland** |
| Organisation address and postcode | **Parklands Court**  **24 Parklands**  **Birmingham Great Park**  **Rubery**  **B45 9PZ** |
| Contact number |  |
| Contact e-mail address |  |
| Purchase order or cost centre | **(Unit No)** |

**Colleague’s details**

|  |  |  |  |
| --- | --- | --- | --- |
| Full name and title |  | | |
| Known as (if different) |  | | |
| Employee Number |  | | |
| Date of birth |  | | |
| Job title |  | | |
| Sector | **(ESS, Medirest, Chartwells, VSG etc……)** | | |
| Unit Name |  | | |
| Unit Address |  | | |
| Unit Contact number |  | | |
| Employee Contact e mail address |  | | |
| Employee Home Phone number |  | | |
| Employee Mobile Number |  | | |
| Home address and postcode |  | | |
| Please tick if the colleague has access to | **PMI** | **PHI/GIP** | **EAP or counselling** |

**Reason for referral**

**I would like an occupational health opinion because my colleague is................. (please tick and give further information in the box below)**

|  |  |
| --- | --- |
| Currently absent from work with a diagnosis of ………. |  |
|  |  |
| Has absence levels that exceed the organisation’s attendance targets |  |
| Has both high levels of absence and reduced performance in the workplace |  |
| Has reduced performance in the workplace but acceptable attendance |  |
| Appears to be struggling at work but not absent |  |
| Works in a safety critical role and needs to be medically fit to do so. |  |
| Has /is about to return to work after surgery, an accident or injury |  |
| Has recently had a work related accident, injury or disease  (Attach RIDDOR report /Fit Note or Accident book entry as applicable please) |  |
| May have an addiction issue |  |
| Has requested an OH referral for advice/support. |  |
| An OH opinion has been suggested by the colleague’s GP or other Healthcare Practitioner |  |

Please give further details of reason for referral

|  |
| --- |
|  |

**Absence data**

**If applicable, please provide the following information**

|  |  |
| --- | --- |
| First day of absence |  |
| Total days absent in the calendar/rolling year |  |
| Total spells of absence in the calendar/rolling year |  |
| Diagnoses of absence |  |

**Activities or risks associated with the colleague’s role**

|  |  |
| --- | --- |
|  | **Yes** |
| Computer or DSE work |  |
| Prolonged sitting |  |
| Prolonged standing |  |
| Prolonged telephone work |  |
| Extensive walking |  |
| Repetitive tasks |  |
| Target driven or pressurised environment |  |
| Lone working |  |
| Working nights and/or shift work |  |
| Occasional overseas travel |  |
| Extensive travel (within the UK/overseas) |  |
| Vocational driving |  |
| Driving fork lift trucks |  |
| Driving LGVs/PSVs |  |
| Lifting or carrying heavy items |  |
| Working at heights/Climbing |  |
| Working in confined spaces |  |
| Working outside |  |
| Working with chemicals |  |
| Working with biological agents/laboratory work |  |
| Working with skin irritants/sensitisers |  |
| Working with dangerous machinery |  |
| Working with dust, silica or fumes |  |
| Working with food/food handling |  |
| Working with noise hazards |  |
| Working with children or vulnerable adults |  |
| Working in a healthcare environment |  |
| Exposure to hazards to unborn child/pregnancy |  |
| Other, please state |  |

|  |  |
| --- | --- |
| Are there any dates the colleague cannot attend an assessment? |  |
| Will the colleague require any special assistance at the assessment? |  |

**Occupational health advice**

**The OH Service will report on the following outcomes**

|  |  |
| --- | --- |
|  | Nature of the underlying medical problems, current fitness for work/ estimated return to work date, if absent. |
|  | The impact of these and psycho-social factors on work attendance and medical efficiency in the workplace |
|  | What the colleague can do to help themselves remain fit and improve their health to promote work stability |
|  | What clinical support will improve your colleague’s health status |
|  | What work place support you may wish to consider to improve work stability and enhance an early but safe return to work |
|  | What issues management may wish to consider using the organisation’s policies for guidance |
|  | Whether Disability Legislation is considered likely to be relevant |
|  | The likelihood of work relatedness on colleague’s fitness for work |
|  | The likely benefit of OH Services’ support programmes to enhance attendance and medical efficiency |
|  | Signposting you and the colleague to other sources of advice and support |
|  | Next steps to close case |

**For health surveillance or fitness against specific tasks or roles, the OH Service will report on either**

|  |  |
| --- | --- |
|  | Fitness for work, fitness with specific adjustments or whether colleague is unfit |

If you have any additional questions that are not covered above, please add them here

|  |
| --- |
|  |

We will share the outcome report with the colleague’s GP or other Healthcare Professionals, with their consent.

**Declaration**

I confirm the colleague is aware of this referral. (Please note the employee may request access to this document as part of their medical record at any time).

I confirm the colleague is aware they may receive an e mail from the OH Service, requesting further information prior to his/her assessment.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_