



The
University
Of
Sheffield.



Workplace Health & Wellbeing Service Management Referral Form

Confidential

Guidance documents on completing this referral form are available from the referral section of the Workplace Health and Wellbeing web page: www.sheffield.ac.uk/hr/wellbeing/referrals

Section 1: Employee Personal Details	
Full Name & Title:	Date of Birth:
Contact Details: Home: Work: Mobile: Email: Please indicate the preferred method of contact	Home Address:
Job Title: Hours of Work: Working Pattern: Start Date of Current Post:	Faculty: Department:

Section 2: Referring Managers details – <i>this must be the direct line manager of the employee (full contact details will help us speed up our ability to advise you)</i>		
Full Name & Title	Job Title:	Referral Date:
Faculty & Department Address:		Contact Tel:
Email Address:		

Section 2a: Managers declaration – <i>tick all boxes before sending</i>	
I confirm I have discussed the referral with the employee and explained the reason for the referral to Workplace Health and Wellbeing	
I confirm the employee has given their informed verbal consent to be referred to Workplace Health & Wellbeing.	

I confirm the employee has been given a copy of this referral form	
The employee is aware that a written report from Workplace Health & Wellbeing will be forwarded to their manager and HR (with their written consent) and copied to the employee	

Section 2b: Additional documents – please provide the following if possible to aid the consultation. If we do not receive these documents with this referral it may delay our report back to you.

- Job description/summary
- Relevant risk assessment
- Copy of sickness absence record (if not provided in the relevant section)

Section 2c: HR Adviser details:

Full Name:	Contact Tel:
Email Address:	

Section 3: Reason for Referral – tick all relevant boxes

<ol style="list-style-type: none"> 1. Short Term Absence 2. Long Term Absence 3. Mental Health/Stress 4. Counselling/Support 5. Musculoskeletal 6. Ergonomic Issues 7. Changing Job Requirements 	<ol style="list-style-type: none"> 8. Work Incident 9. Fitness Assessment 10. Work Related Health Concern 11. Changes in Behaviour 12. Performance Issues 13. Pregnancy Risk Assessment
---	---

Section 4: Job Demands – tick all relevant boxes

<ol style="list-style-type: none"> 1. Food handling 2. Regular prolonged standing 3. Regular repetitive Upper Limb activity 4. Regular manual handling activity 5. Work requiring regular bending/stretching 6. Regular use of a computer 7. Working at heights 8. Working in confined spaces 9. Skin irritants/sensitisers 	<ol style="list-style-type: none"> 14. Driving regularly on University insurance 15. Working in a noisy environment 16. Working away from home regularly 17. Regular travel 18. International travel 19. Regular shift work 20. Use of vibration tools 21. Operating machinery 22. Biological hazards
--	--

10. Lone working 11. Respiratory sensitisers 12. Driving a folk lift truck 13. Working without supervision	23. Chemical hazards 24. Working to tight deadlines 25. Teaching/Presenting to groups
---	---

Please use this space to provide further details including activities not stated above, in order to help us understand the situation:

Section 4a : Absence information – please either provide sickness absence details for a minimum of the past 12 months or attach the relevant documents

From:	To:	Reason given for absence:

Section 5: Information required – please tick the appropriate questions you would like us to answer in response to this referral

It is essential that you tick the relevant questions in order for you to receive the most appropriate information

- a) Is the employee fit for work? If not please indicate likely timeframe for return to work
- b) What adjustments/recommendations may be required to assist the employee?
- c) Please provide a timeframe for any adjustments.
- d) What additional support can the faculty offer to assist the employee?
- e) Could we expect that the employee be able to offer a regular and efficient service in the future?
- f) If the employee is unlikely to return to work should an application for Ill Health Retirement be considered?
- g) In your opinion does the employee have a disability/impairment as defined in the Equality Act 2010?

Please use this space to provide information on adjustments that are already in place, and any further specific advice or information you would like us to provide in our report.

Please send this form electronically via email to workplacehealth@sheffield.ac.uk

Please note this form and process is compliant with the General Medical Council/Faculty of Occupational Medicine guidance on medical consent and confidentiality (Oct 2009) and the Data Protection Act 1998.



Official Use Only:

Date of Triage:

Appointment date/time:

Seen by:

Outcome:

Condition Code:

Disability:

Report Sent: