

**EMPLOYEE HEALTH AND WELLBEING**

**MANAGEMENT REFERRAL FORM**

**Please note: Employees have a right to a copy of this referral. The form must be discussed with the individual being referred and must be completed by the referring manager.**

**(***Forms may be returned if the form is incomplete or information is missing, delaying any advice, support and recommendations)*

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| **HR Plus Case Number:***N.B. Referrals for Bradford Council employees will not be accepted without this* |  | **Bradford Childrens Family Trust Referral** **YES/NO** |

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| **SECTION 1 – EMPLOYEE DETAILS** |
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| **Title:** |  | **Full Name:** |  |
| **Date Of Birth:** |  | **Payroll Number:** |  |
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| **Post Title:** |  |
| **Department:** |  |
| **Service Area:** |  | **Work Location:** |  |
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| **Home Address:****Postcode:**  |  | **Contact Telephone Numbers:** | Work:Home:Mobile:(Please provide up to date mobile numbers as we will be providing SMS appointments ) |
| **Email Address:** |  |
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| Are there any special circumstances that Employee Health & Wellbeing need to take into account when arranging a consultation e.g. holiday dates, access, mobility, communication etc.? *If yes please give details:*  |

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| **SECTION 2 – REFERRER’S DETAILS** |
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| **Referring Managers Name:** |  | **Work Address:** |  |
| **Position:** |  |
| **Contact Telephone Numbers:**  | **Work:****Mobile**:  |
| **Email Address:****(individual email not a group email address)** |  |
| ***Please Note: The Manager and HR Contact will both receive a copy of the Occupational Health Report*** ***(unless indicated otherwise).*** |
| **HR Contact:****(**state HR Plus if using this service**)** |  | **Telephone No.:** |  |
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| I confirm that I have discussed this referral with the employee, offered them a copy of the form and that they are aware of the potential outcomes following the assessment and subsequent report.  | **YES/NO** |
| Has the employee been seen by Employee Health and Wellbeing before? | **YES/NO** |

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| **Financial Code:*****(Full Budget Share Schools – please indicate****)* |       This information must be entered |
| **Please indicate if management will be willing to fund any further interventions such as counselling or physiotherapy to aid the individuals recovery:** | **YES/NO** |
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| **SECTION 3 – EMPLOYMENT DETAILS** |
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| **Hours of Work:**  |  |  | **Start date of role:** |  |
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| **Please give details of the employees shift pattern eg: office hours, weekend work, night working** |
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| ***Please give details of any driving activity as part of the role:***  | **HGV/Car/Other** |
| **Please include information about any significant aspects of the job which the Occupational Health Adviser or Physician should be aware of:** |
| **Details of working environment which may be relevant to this referral** **(please give details e.g. office based, outdoors, industrial):**  |
| [ ]  Sedentary (office based)[ ]  Manual[ ]  Involving lifting weights over 10 kilograms[ ]  Require the use of power or vibrating tools[ ]  Prolonged outdoor exposure[ ]  Driving on Company Business [ ]  Driving – FLT, HGV, etc[ ]  Shift Working[ ]  Lone Working[ ]  Safety Critical Role or Tasks[ ]  Working at Heights[ ]  Confined Spaces[ ]  Working with hazardous substances[ ]  Other (please detail) |

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| **SECTION 4 – REASON(S) FOR REFERRAL** |
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| **Please tick all that apply:** |
| [ ]  | Frequent short term absence (please attach sickness absence history) |
| [ ]  | 2 weeks sickness absence or longer |
| [ ]  | Return to work following sickness |
| [ ]  | Return to work following accident |
| [ ]  | Possible work-related stress (please attach Individual Stress Management Action Plan)Action aAction Plan  Action Plan - ISMAP(available on BradNet /Health & Wellbeing Support)**Management Action Plan - ISMAP(available on BradNet /Health & Wellbeing Support)****stressors, please include a completed Individual Stress Management Action Plan - ISMAP(available on BradNet /Health & Wellbeing Support)**  |
| [ ]  | Consideration for Ill Health Retirement (please attach a completed RTM form) members only)  |
| [ ]  | Other reason (please give full details):  |
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| **Is the employee currently absent?** | **Yes/No** | **If YES, 1st day sick:** |  |
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| **Current Absence Details: (Please provide detailed information)** |
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| **Details of previous sickness absence history (include last 24 months)****(attach a sickness absence summary if available/appropriate):** |
| Date From | Date To | Reason |
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| **What actions have Management already taken:** |
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| **Are there any other relevant issues which the Employee Health & Wellbeing Service needs to be aware of e.g. outstanding disciplinary/grievance/capability issues?** |
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| **SECTION 5 – EMPLOYEE HEALTH & WELLBEING REPORTS** |
| **Employee Health & Wellbeing reports will cover the following remit as applicable to each case:** |
| Medical condition, any underlying medical conditions including treatment or medication which may impact on work. |
| Likely date of return to work and indication of how long the absence is expected to last.  |
| Details of any suggested adjustments and any duties the employee should not undertake on a temporary or permanent basis. |
| Likelihood that any condition may fall under the Disability legislation outlined in the Equality Act 2010. |
| An indication of whether or not the employee fits the criteria for medical redeployment where applicable.  |
| An indication that the employee is fit to attend interviews/hearings in relation to any process and when they may be fit to attend.  |
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| **Date of referral:**  |  |
| Please Note: * If Ill Health Retirement is being considered, please attach a completed RTM form (WYPF members only) <https://www.bradford.gov.uk/employeehealth>
* ISMAP (Individual Stress Management Action Plan) where appropriate <https://www.bradford.gov.uk/employeehealth>

On completion of this referral; please return as follows: Email: OccupationalHealthAdmin@bradford.gov.uk  Post: Employee Health & Wellbeing Service, Ground Floor, City Hall, Centenary Square, Bradford BD1 1HY |