 

**EMPLOYEE HEALTH AND WELLBEING**

**MANAGEMENT REFERRAL FORM – SCHOOLS AND ACADEMIES**

**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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| **SECTION 1 – EMPLOYEE DETAILS** | | | |
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| **Title:** |  | **Full Name:** |  |
| **Date Of Birth:** |  | **Payroll Number:** |  |
| **N.I. Number:** |  | **Pension:** | WYPF/ Teachers/None |
|  | | | |
| **Post Title:** |  | | |
| **Department:** | Insert name of School and Academy Trust (if applicable) | | |
| **School Type** | Nursery/Primary/Secondary/Special | **Location:** | *See school address below* |
|  | | | |
| **Home Address:**  **Postcode:** |  | **Contact Telephone Numbers:** | Work:  Home:  Mobile:  (Please provide up to date mobile numbers as we will be providing text appointments in the near future) |
| **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:** | Insert school address | |
| **Position:** |  | | |
| **Contact Tel Numbers:** | Work:  Mobile: | | |
| **Email Address:** | (please note – this should not be a personal email address or a group email address (e.g. Office@ ….) | | | | | |
| ***Please Note: The Manager and HR Contact will both receive a copy of the Occupational Health Report***  ***(unless indicated otherwise).*** | | | | | | |
| **HR Contact:** | |  | **Telephone No.:** | | 01274 436644 | |
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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)* | | | | | |  | |
| 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 worked per week:** |  | | FULL/PART TIME | | **Start date of role:** | |  |
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| **Please give details of the employees shift pattern eg: office hours, weekend work, night working, term time only, all year round etc, specific days worked** | | | | | | | |
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| ***Please give details of any driving activity as part of the role:*** | | **HGV/ PSV/Car/Other:** | | | | | |
| **Please include information about any significant aspects of the job which the Occupational Health Adviser or Physician should be aware of: e.g.** Special school, nature of disabilities in school etc | | | | | | | |
| **Details of working environment which may be relevant to this referral**  **(please give details e.g. office based, outdoors, industrial, Class Based):** See below | | | | | | | |
| **General**  Sedentary  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, PSV, Minibus etc  Shift Working  Lone Working  Safety Critical Role or Tasks  Working at Heights  Confined Spaces  Working with hazardous substances | | | | **School Specific**  Class based  Office based  Works with children – age Group: ………..  Outdoor Provision  Residential  One-on-One Support  Working with pupils with special educational needs  Working with pupils with other needs support If applicable detail support needs: | | | |
| 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 and add additional sheet if required)** | | | | |
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| **Details of previous sickness absence history (include last 24 months)**  **(attach a sickness absence summary if available/appropriate): (or enclose absence details)** | | | | |
| 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 reasonable 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. | |
| **Please use this sheet to outline any additional questions :** (Delete/add to as appropriate) | |
| Is the employee fit to undertake the duties and responsibilities of their role? | |
| If not what is the estimated time frame of the employee being able to do so? | |
| Is the employee likely to render a regular and efficient service in the future? | |
| Are there medical grounds to support an application for ill-health retirement ? | |
| Is there any further support that the school can put in place to help the employee remain in/ return to work ? | |
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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>   Please attach:  • Relevant sickness absence history, including nature of illness  • Accident Record (if applicable)  • Job Description  Please be advised if the referral form is not completed correctly and information is omitted, Employee Health & Wellbeing will return the form to the referring line manager and this may delay assessment advice and any recommendations.  On completion of this referral; please return to your HR Business Partner/HR Advisor in PACT HR (e.g., [name.surname@bradford.gov.uk](mailto:name.surname@bradford.gov.uk)) who will ensure the form is accurately completed and forward to Employee Health & Wellbeing on your behalf.  If you have any queries regarding the form please contact EH&WB on 01274 434246.  If you have any queries in relation to your HR contact please contact the PACT HR Helpdesk on 01274 436644 | |