

Management referral to Occupational Health (A2)

The Occupational Health service is vital in ensuring that the University supports employees during times of ill health and/or through disability. The main purpose of an Occupational Health assessment is to provide management information about an individual's health, in order to be able to support that individual during their employment.

Data Protection Information

The University of Southampton is committed to Data Protection and will comply with obligations set out in the Data Protection Act 2018, General Data Protection Regulations 2018 and any other relevant legislation.

The University will be processing an employee's personal information based on the following Schedules, outlined in the Data Protection Act 2018:

Schedule 2, 2 (a) & (b)

The processing is necessary:

(a) for the performance of a contract to which the data subject is a party, or

(b) for the taking of steps at the request of the data subject with a view to entering into a contract.

Schedule 2, 6 (1)

The processing is necessary for the purposes of legitimate interests pursued by the data controller or by the third party or parties to whom the data are disclosed, except where the processing is unwarranted in any particular case by reason of prejudice to the rights and freedoms or legitimate interests of the data subject.

Schedule 3, 8 (1)

The processing is necessary for medical purposes and is undertaken by a health professional.

The personal data collected by Occupational Health will be processed and held securely at all times, a copy of this referral form and any reports produced by Occupational Health will be securely stored by OH, Employee Relations, University Occupational Health Manager and the employee's current line manager.

To refer an employee to the University's Occupational Health Service for an assessment, please:

- Complete all the appropriate sections of this form
- Provide relevant background information
- Discuss this referral with the individual concerned and obtain their consent to request the information required
- Ensure that the Data Protection Information is fully explained to the individual and confirm that they understand how it relates to them.

Detailed guidelines about management referrals are available on the HR website at www.southampton.ac.uk/hr/services/occupational_health/index.php.

1. EMPLOYEE INFORMATION

Full name:	
Date of birth:	
Employee number:	
Job title and level:	
School/Department	
Telephone number:	
Mobile number:	
Email:	

2. LINE MANAGER INFORMATION

Full name:	
Job title:	
School/Department	
Telephone number:	
Email:	
ER Contacts e-mail:	

3. REFERRAL DETAILS

Date of referral:	
Have you gained the individuals consent for this referral?	Yes No
Has the reason for this referral been discussed with the employee?	Yes No
Is the individual currently absent from work due to sickness?	Yes No
Has the employee indicated that their health issues may be, related to work?	Yes No
How many hours per week is the individual contracted to work?	

4. REASON FOR REFERRAL

Please mark as applicable.

<input type="checkbox"/>	Long-term sickness absence
<input type="checkbox"/>	Intermittent short-term sickness absence
<input type="checkbox"/>	Health related performance issues
<input type="checkbox"/>	Job requirements have changed/will be changing
<input type="checkbox"/>	Possible work-related health problem

	Suspected substance abuse
	Mental health concern
	Other – please supply details on page 4

5. DATES OF ABSENCE OVER LAST 12 MONTHS

Please supply as applicable. You may wish to attach this as a separate document.

Start date	End date	Reason	Certification (self/medical)

6. INFORMATION REQUESTED

Please identify the information you require from Occupational Health

	Whether the employee is currently fit for work.
	The likely timescale for their recovery and their anticipated return to work.
	If there are any short-term adjustments to the role and/or environment that would help facilitate rehabilitation or an early return to work.
	Whether the employee is fit to fulfil their contracted duties.
	Whether there is an underlying health condition affecting this individual's performance or attendance at work.
	If there are, any adjustments that can be made in order to support the individual maintain regular and reliable attendance.
	Whether there is any further requirement for medical support or intervention?
	Whether the individual is likely to be able to provide regular and reliable attendance in the future.
	Whether the individual should be considered for redeployment on medical grounds. If yes – Please state the reason behind the recommendation and identify the types roles, which would and would not be suitable for the individual.
	The employee is in the USRF/PASNAS/USS pension scheme and I would like the employee to be assessed for eligibility for retirement on grounds of Ill Health under that scheme.
	Would this employee benefit from <i>togetherall</i> live therapy counselling. If so, OH to advise which type of therapy – Cognitive Behavioural Therapy (CBT), Counselling, Counselling for depression, or therapy for a long term condition.

9. Employee consent

Note – You can gain consent via e-mail where it has not been possible for the employee to sign this section. You must attach the e-mail to this form.

I confirm that the reasons regarding this referral has been discussed with me and I consent to being referred to Occupational Health. I understand that this referral document and the occupational health report, which will be produced as a result of this referral, will form part of my personal record. I can confirm I have read and understand the data protection section on the first page of this referral.

Employee's signature	Date

10. Authorisation

I confirm that I have discussed the reason for this referral with the member of staff and they are aware of the information being requested. I understand that this document will form part of the member of staff's medical record and as such they have right of access to it under the Access to Medical Records Act 1990.

Referring manager's signature	Date

11. Submission

Please submit the completed form and any supporting material (including a current job description) to the University's Occupational Health Manager, Flory Truelson: F.Truelson@soton.ac.uk.