OCCUPATIONAL THERAPY NI

**Tel**: 07969 624545 **Email: info@occupationaltherapyni.co.uk**

**EMPLOYEE DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME** |  | **DATE OF BIRTH** |  |
| **GENDER** |  | **WORK****ADDRESS** |  |
| **START DATE** |  | **CONTACT NUMBER** |  |
| **EMPLOYEE NEEDS E.G INTERPRETER, VISION,HEARING** |  |

**REASON FOR REFERRAL (please tick)**

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| --- | --- |
|  | Employee is currently on sick leave; are they fit for work, do they require any reasonable adjustment to their role? |
|  | Frequent absenteeism; is there an underlying health condition? Are there any reasonable adjustments that could be implemented to assist the employee in the workplace? |
|  | Employee has enclosed a health condition/additional needs and advice is sought on how to support them in the workplace |
|  | Employee is reporting work related stress and advice is sought on how to support employee |
|  | OTHER: |

**JOB DETAILS**

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| **PROVIDE A DESCRIPTION OF THE JOB UNDERTAKEN AND OUTLINE THE MAIN JOB DEMANDS (PUSHING, PULLING, KNEELING, WALKING ETC. ) INCLUDE JOB DESCRIPTION IF DEEMED APPROPRIATE** |
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**BACKGROUND INFORMATION**

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| **PLEASE PROVIDE AS MUCH DETAIL AS POSSIBLE INCLUDING MEETINGS WITH EMPLOYEE REGARDING ATTENDANCE CONCERNS, ADJUSTMENTS IN PLACE, ADDITIONAL SUPPORTS OFFERED** |
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**ADVICE SOUGHT (please tick)**

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| --- | --- |
|  | Is employee fit for work? |
|  | If currently not fit, can you predict when they are likely to be fit? |
|  | Are there any reasonable adjustments that can be considered to support the employee in the workplace? |
|  | Is the current health condition/issue likely to have a long term impact on the employee’s future fitness to work? |
|  | OTHER, including any specific questions you would like us to ask:  |

**REFERRER DETAILS**

*By completing the details below:*

* *You confirm the employee is aware of the reason for referral, the information being sought and that it may be used to make decisions about their employment.*
* *You are aware the full content of the referral will be discussed with the employee during the assessment*
* *You are aware the employee can request to see the assessment report before it is forwarded to the employer*

|  |  |
| --- | --- |
| **NAME** |  |
| **POSITION** |  |
| **PHONE NUMBER** |  |
| **EMAIL** |  |

Please email this referral to info@occupationaltherapyni.co.uk

All referrals should be **password protected***.*