

**PGCE Student Referral to Occupational Health**

The main purpose of the occupational health assessment report is to provide information about a student's ability to perform their role – this may be in relation to sickness absence and / or performance or because a student has a health condition that may be affecting their ability to do their job or that some work activities appear to have a detrimental affect on the student's health.

Please refer to the 'Referral Information and Guidance' (<http://www.oh.admin.cam.ac.uk/services/referral-process>) and Occupational Health Referral - Employee Information OHL02 for advice (<http://www.oh.admin.cam.ac.uk/leaflets/occupational-health-referral-employee-information>).

**Data Protection information**

The information supplied on this questionnaire will be held in confidence by the University Occupational Health Service as part of the individuals occupational health record. For full details of how an individual's personal information is used by the Occupational Health Service, please see <http://www.oh.admin.cam.ac.uk/general-information/confidentiality-statement>

Once completed please send the form to Occupational Health, 16 Mill Lane, Cambridge CB2 1SB or as an attachment to an email at [occhealth@admin.cam.ac.uk](mailto:occhealth@admin.cam.ac.uk) on the understanding that the following guidance is followed:

1. The email subject line **must not** contain any confidential information about the student. Please state **Occupational Health referral** in the email subject box.
2. The confidential email must only be shared with the student and named departmental / HR professional; **not forwarded on to any other person** without the consent of the student.
3. A copy of the form must be filed in the student's personal file.

**1. Referrer details**

Name of person making the referral: .....

Position: .....

Contact address: .....

.....

Contact telephone number: .....

Email address: .....

I am referring the following student for an occupational health assessment having fully explained and discussed the process with them by telephone / meeting / letter (*please indicate which*).

Signature: ..... Date: .....

**2. Student details**

Name: ..... Title: .....

Date of Birth: ..... College: .....

Course ..... Age range .....

Subject Specialism (Secondary only) .....

Home address: .....

.....

Contact number: ..... Email address: .....

### 3. Reason for referral

Please provide reasons for the referral and include relevant supporting information e.g. *College concerns, support / modifications in place.*

**4. Referral questions** - please indicate which questions you would like guidance on from Occupational Health (OH) – *please consider carefully and tick only the relevant questions.*

- 4.1  Is there an underlying health condition that may affect attendance or performance?
- 4.2  Is there any evidence that the PGCE course is contributing to the sickness absence / ill health problem
- 4.3  Is there any additional help / treatment that you could recommend?
- 4.4  If and when the student returns to the course, will they be able to effectively learn and undertake the responsibilities required of the PGCE course?
- 4.5  In your opinion, does the disability criteria of the Equality Act apply in this instance?
- 4.6  Are there any modifications / restrictions to the work, equipment or workplace, which may support the student during the PGCE course?  
**If yes**      a) please specify what modifications should be made.  
                    b) for how long these modifications should continue.
- 4.7  In your opinion does the student's health pose a risk to him/herself or public safety?

**Any additional questions: -**

**5. Appointment arrangements**

Please indicate where the Occupational Health appointment details should be sent:

- (i) directly to the student
  - (a) at home
  - (b) at college
- (ii) to the student via the referrer

**6. Student information**

The Faculty of Education wishes to obtain advice from Occupational Health at the University of Cambridge for the reasons detailed in sections 3 and 4. You do not have to agree to this assessment but should you decline the offer the matter will be managed with the information available and without the benefit of medical advice.

The reason for the assessment is to ensure that your PGCE training will not place your health at risk and will also help to determine, in terms of fitness to fulfil the requirements of the Training and Development Agency for Schools (TDA), your suitability to work as a teacher. The University of Cambridge is committed to providing equality of opportunity to disabled students and will provide all reasonable support to enable a disabled student to complete the course.

Following the assessment and with your informed consent, a report will be sent to the referrer named in section 1. The content of the report will be explained to you during the occupational health consultation and you will be offered the opportunity to see the report before it is sent to the recipient. Medical details will only be included in the report if it will benefit you and if you have specifically agreed to this; otherwise the report will be focused on the impact of the health problem on your ability to learn and perform the requirements of the medical course, plus any specific recommendations.

**Student consent**

The reason and nature for the occupational health referral has been explained to me by the referrer and I agree to undergo an occupational health assessment. I understand that following the assessment a report will be written to the person referring me and that I will be given the opportunity to see an advance copy. I understand that should I wish to see the report there is a five day timescale between providing it to me and sending it to the recipient and that should my consent to release a report be withdrawn any subsequent decisions will be based on the information available and without the benefit of medical input.

Prior to the report being issued, I understand further consent will be obtained by the OH practitioner and that my consent may be withdrawn at any stage of the process.

**Signature of student:** ..... **Date:** .....

**Office use only:**

- OHP appointment       SOHA appointment       OHA appointment
- Tel consultation       OHA       OHP

Practitioner:.....

OHA signature: .....

Print name: ..... Date .....