



On-Offer Referral Form

Referral for Occupational Health advice following an offer of employment - to be completed in consultation with your HR Schools team.

Data Protection information

The information supplied on this questionnaire will be held in confidence by the University Occupational Health Service as part of the individual's 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 on the understanding that the following guidance is followed:

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

1. Applicants details

Surname: Mr / Mrs / Miss / Ms / Dr / Prof / Other

First names: Date of birth

Position type: Academic / Academic related / Assistant / Student (if applicable) Grade:

Post title: Department

Proposed start date:

Department address:

Place of work, if different from department address:

Home address:

Mobile: Email:

Are there any particular requirements in relation to access, mobility or communication? If yes please give details:

Please provide a brief overview of the job description of the employee including tasks, hours, overtime and location:

2. Details of manager requesting assessment

Name: Job title:

Department:

Contact telephone number: Email address:

HR adviser's name: Copy of report required: Yes No

**3. Reason for referral**

Please outline the main reason for initiating this request, including, if relevant, the effects of the health problem on work performance and attendance as stated by the applicant.

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**4. Referral questions** – please indicate which questions you seek guidance on from Occupational Health

- 4.1  Is there an underlying health condition that may impact on the individual’s work performance / health / attendance?
- 4.2  Are any adjustments to the work tasks, environment or working time recommended?
- 4.3  Is there any additional help or treatment you could recommend?
- 4.4  In your opinion should the employee/student be able to provide reliable and consistent future attendance?
- 4.5  In your opinion does the health condition meet the disability provisions of the Equality Act 2010?
- 4.6  Other - if any additional questions or specific advice is required please state this below:

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**5. Referral authorisation** the referring manager named above should complete this section

Please complete the following by ticking the boxes below:

- I confirm that I have discussed the reasons for this referral with the applicant and departmental HR adviser.
- I am aware that the applicant will receive a copy of the resulting report.

If completing electronically please type your name below. This indicates your agreement to the above statements (section 5) and must be emailed from your named Cambridge email account. Alternatively, print the form, sign and scan as a PDF file.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Office use only:**

- OHP appointment  SOHA appointment  OHA appointment
- Telephone consultation  OHP  OHA

SOHA signature: \_\_\_\_\_

Print name: \_\_\_\_\_ Date: \_\_\_\_\_