**Please complete all sections**

**Additional OH Services**

**Referral Form**

**EMPLOYER TO COMPLETE AND RETURN TO: hbgb.oh@wtwco.com**

**Employer Details**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Employer Contact Name: |  | | | | |
|  |  | | | | |
| Billing Company: |  | | | | |
|  |  | | | | |
| Billing Department / Cost Centre: |  | | | | |
|  |  | | | | |
| Billing Address & postcode: |  | | | | |
|  |  | | | | |
| Tel: |  | | | | |
|  |  | | | | |
| Email: |  | | | | |
|  |  | | | | |
| Date of Referral: |  | | | | |
|  |  | | | | |
| Purchase Order Number: |  | | | | |
|  |  | | | | |
| Employee Anonymity Code: |  | | | | |
|  |  | | | | |
|  |  | | | | |
| I can confirm the listed person is aware an assessment has been requested for them | | **Yes** |  |  |  |

# **Employee Details**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| First Name: |  | | Surname: | | | |  | | | | | | |
|  |  | |  | | | | | |  | | | | |
| Home address & postcode (COMPULSORY): |  | | Work address & postcode (COMPULSORY): | | | |  | | | | | | |
|  |  | |  | | | | |  | | | | | |
| Date of Birth: |  | |  | | | | | Gender | | M / F / NB | |
|  |  | |  | | | | | | | | | |  |
| Preferred Contact Phone number: |  | | | | | | | | | | | | |
|  |  | |  | |  | | | | | | | | |
|  |  | |  | |  | | | | | | | | |
|  |  | |  | |  | | | | | | | | |
| Job Title: |  | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | |
| Work Email: |  | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | |
| Personal Email: |  | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | |
|  | | | |  | |  | | | | |  | |  |
| **Any dates when the employee is not available in the next two weeks? (Incl. shift patterns, hospital appointments etc.)** | | | | **Yes** | |  | | | | | **No** | |  |
|  | | | | | | | | | | | | | |
| If yes, please give dates: | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Please note, we will assume that any appointment time is suitable if left uncompleted. Charges may apply for the necessary reschedule of appointments.  **NB:** **If a telephone appointment is required and the employee is not residing in the UK, an additional charge will apply.** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |

|  |  |
| --- | --- |
| Working days/hours/shift pattern: |  |
|  |  |
| Comments/background information |  |
|  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | | | |
| **Service Required**: | | | | |
|  | | **Tick if appropriate** | |  |
| * Counselling / CBT therapy | |  |  |  |
|  | |  |  |  |
| * Ergonomic Workstation Assessment (DSE) | |  |  | |
|  |  | |  |  |
| * Pregnancy risk assessment | |  |  | |
|  |  | |  |  |
|  |  | |  |  |
| * Neurodiverse Diagnostic   Assessment | |  |  | |
|  |  | |  |  |
| * Neurodiverse Workplace Needs Assessment | |  |  | |
|  |  | |  |  |
| * Vision impairment Assessment | |  |  | |
|  |  | |  |  |
| * Hearing impairment   Assessment | |  |  | |
|  |  | |  |  |
| * Driver Comfort Assessment | |  |  | |

#### **Background /Reason for Absence/Referral**

#### **(e.g. Current workplace issues, health conditions, sickness absence etc)**

|  |
| --- |
|  |

If any further information is required, please list below:

|  |
| --- |
|  |