

**REFERRAL FOR OCCUPATIONAL HEALTH CONSULTATION**

1. This referral should be completed in conjunction with the Occupational Health Policy and Procedure.
2. It is the responsibility of the member of staff completing this form to ensure the student is fully aware of the reason for referral. By submitting this form, you confirm you have discussed the referral with the student.

**SECTION 1 - STUDENT DETAILS**

**IMPORTANT INFORMATION: Appointments will be communicated to students via their personal email and telephone number provided on their UCAS application. Please inform the student that if any details have changed since enrolling, the student must notify Occupational Health directly and change their contact information to avoid delays.**

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| Student Name and Number |  |
| DOB  |  |
| Course Title |  |
| Is the student currently on placement? If not, when are they due to attend placement? |  |
| Member of staff completing referral |  |
| Date referral discussed with student  |  |
| Was the reason for referral disclosed at enrolment?  |  |

**SECTION 2 – REASON FOR REFERRAL (please tick)**

If the reason for referral is not outlined below and/or the student cannot obtain evidence from a medical practitioner, please consult with Student Policy Casework and Compliance before completing a referral.

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| Change to Health – New diagnosis since enrolment. **Please include medical evidence or evidence of student obtaining diagnosis if possible.**  |  |
| Change to Health – Exacerbation of a pre-existing condition disclosed at enrolment. **Please****include medical evidence if possible.** |  |
| Behaviours observed which raise concern. Please outline below details of what has been witnessed and who by and when. |  |
| Return from a Break in Study taken for health-related reasons or changes to health during a break in study. **Please provide details regarding reason why the student took a break below.** |  |
| Outcome of a Fitness to Practise investigation or Panel |  |
| Research Passport, electing to undertake a placement or research activity in a healthcare setting |  |

**SECTION 3 – DETAILS**

It is the responsibility of the member of staff completing this form to provide comprehensive information to ensure SOHS can complete a detailed assessment. This includes:

* Details of the students' circumstances
* Break in Study information – date taken, anticipated date of return, reason for break.
* Specific aspects of the course e.g., (shift patterns, exposure to chemicals or physical agents, risks in the workplace, physical and mental demands of the course etc)

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**SECTION 4 – ADVICE REQUIRED FROM OCCUPATIONAL HEALTH**

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| Is the student currently medically fit to continue the course?  |  |
| Does the student have any medical conditions and are they receiving appropriate medical treatment for these conditions? |  |
| Does the student have a health problem which could put him/her, colleagues, patients, or members of the public at risk? If so, how can those risks be reduced? |  |
| How does the student's current health / ill-health / wellbeing impact on their ability to attend their course and undertake their role now and in the future? |  |
| Are there any adjustments the University can consider to support the student in placement? If the adjustments cannot be implemented, would this prevent them from completing their training? |  |
| Are there any tasks, duties, or aspects of the course the student will not be able to carry out? |  |
| Can the student be expected to maintain their attendance levels in-line with the professional body requirements? |  |
| Is the student fit to participate in the disciplinary / fitness to practise proceedings currently being conducted?  |  |
| Any other information or advice you can provide? |  |
| Specific information/advice sought – please comment below: |  |

Please return all Occupational Health referral forms and outcomes to Student Policy, Casework and Compliance team at **hwb-professional-issues@shu.ac.uk****.**