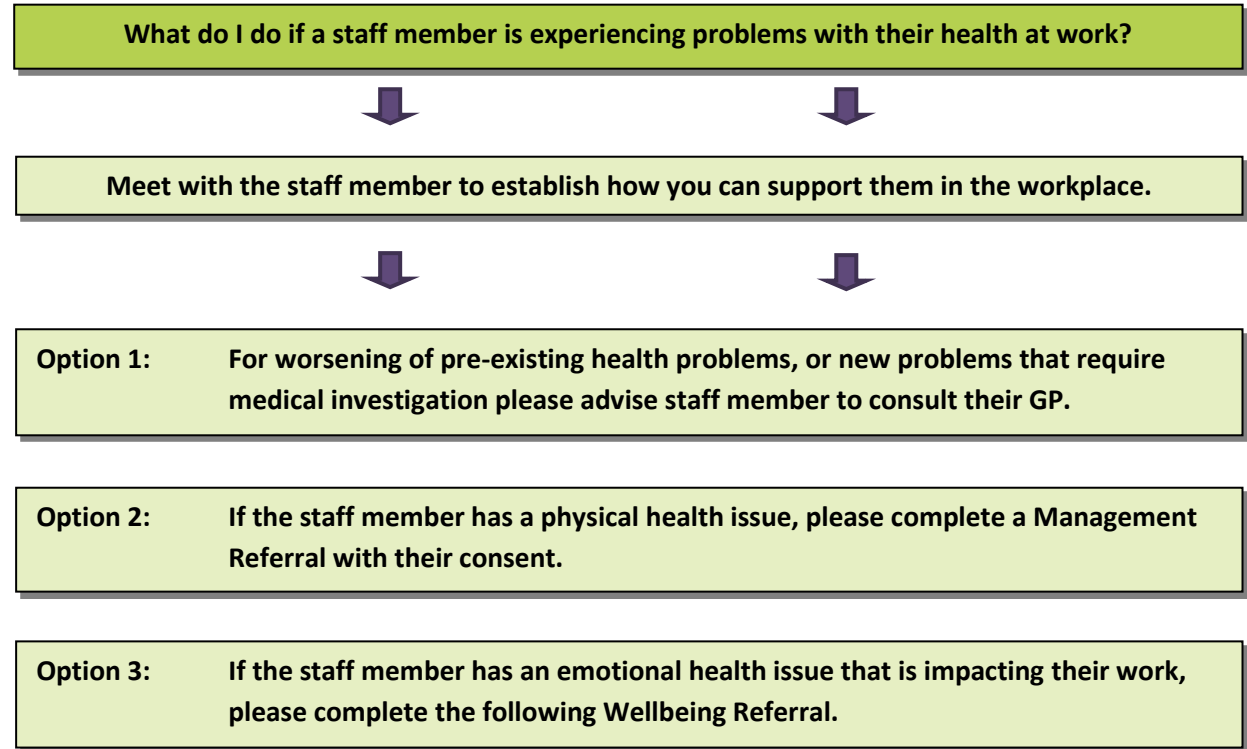




NOTE TO MANAGERS

This is a referral for support from the Well@Work Service.

A referral should only be made following a meeting with the staff member to ensure that this is the most appropriate method of support. Some referrals are often unnecessary and a support meeting can highlight that you already have the tools or information that may help. Before you complete the referral form, please review the following access process. Thank you.



Well@Work 01278 450874

serco

0844 826 0306

Bringing service to life



Post to: Well@Work, The Old Pharmacy, Bridgwater Hospital, Bridgwater, TA6 5AH
Email to: wellbeing@sompar.nhs.uk



Staff Details		
Name	DOB	
Home number* _____	Email _____	
Work number* _____		
Mobile* _____	*Please indicate preferred number	
Home Address	_____	
Job Details		
Job Title	_____	
Contracted hours	_____	
Base	_____	
Referrers details		
Manager	Name	Address for report
	_____	_____
	Job Title	_____
	_____	_____
	_____	_____
Reason for Referral		
<input type="checkbox"/>	Workplace Stress	
	Stress risk assessment completed? Yes <input type="checkbox"/> No <input type="checkbox"/> (Please include copy with referral)	
<input type="checkbox"/>	Return to work following period of long term sickness absence	
	Details: _____	
<input type="checkbox"/>	Managing and maintaining mental health at work	
	Details: _____	
<input type="checkbox"/>	Lifestyle Management	
	Details: _____	
<input type="checkbox"/>	Other (Specify)	
	Details: _____	





Background Information

- Conditions at work which may affect the employees health (including workplace hazards)
- Specific workplace stressors
- Reasons to suggest the employees health is affecting work or vice versa

Action taken to support the member of staff

- | | |
|---|---|
| <input type="checkbox"/> Discussion with HR and Line Manager regarding reasonable adjustments | <input type="checkbox"/> Access to coaching / mentoring |
| <input type="checkbox"/> Referral to Occupational Health | <input type="checkbox"/> Signpost to GP |
| <input type="checkbox"/> Signpost to Health Trainers | |

Details

Consent

- I have discussed the pathway for referral with the member of staff and they are aware that a report will be sent to the manager / HR following their assessment with recommendations of how to best support them to manage their health at work.
- I confirm that I have discussed the content of this referral with the member of staff and that they have given permission for the referral to be made for a wellbeing assessment.
- In the event of a referral being made to Occupational Health I consent to a copy of this referral being sent to Serco Occupational Health for assessment.

Signed:

Line Manager / HR

Date

Staff member

Date

