



REFERRAL FOR ASSESSMENT OF ILL-HEALTH LEADING TO EARLY RETIREMENT ON MEDICAL GROUNDS FOR PENSION PURPOSES

STRICTLY PRIVATE & CONFIDENTIAL

GUIDANCE NOTES – Please read these carefully prior to the completion of this form

Poorly completed or incomplete forms may have to be returned to the referring manager, delaying the process. If you require further guidance, please telephone on: 0131 650 8190, indicate your area of work and ask to speak with the occupational health adviser for the area concerned. Please be aware that the content of this form will be discussed with the individual being referred; it should be completed by the referring manager with this in mind.

In all cases the referral will be assessed according to the requirements for ill health retiral as indicated by the pension provider. Detail regarding individual pension information should be sought from The Pensions Department. Where employment status may be affected, the Human Resources representative for the referring area should be consulted prior to any individual being referred. The employee can only be assessed where they consent to apply and all applicants will be assessed by the Consultant Occupational Health Physician. The application requires to be supported by the Physician based on medical evidence available although application should include information regarding any workplace adjustments either considered or implemented. The ultimate decision whether the application is successful or not including the level of award i.e. full or partial is made by the relevant pension fund representatives concerned, not the OHU.

Section 1 and 2	Please complete Section 1 and Section 2 fully to include work location, work extension and contact details including mobile telephone where applicable. The employee staff number is mandatory for our records. Human Resources representative to be copied into any correspondence. Ensure confirmation of the employees' home address, and contact details where appropriate for both the referring manager and employee. Please ensure you indicate the representative from Human Resources who has discussed any potential consequence for employment with the employee or advised re this application.
Section 3	Please tick relevant boxes to indicate your reason for referral giving details of any further information which you feel may be useful in helping the OH Specialist to reach a conclusion. There is space to provide details of any additional information which you may feel relevant and/or helpful if required. Please give details of the person's job role, and attach a job description.
Section 4	For pension purpose please indicate which pension is relevant. (If the employee does not contribute to a pension scheme they cannot be considered for ill health retirement with remuneration of a pension).
Section 5	Please provide information regarding work patterns, contracted hours and significant aspects of the job that may be causing concern.
Section 6	Please complete absence details and where possible give all dates of absence with reasons given for absence.
Section 7	Please outline and indicate any adjustments that may have already been considered and/or implemented and an explanation of why this might not be sustained or implemented permanently. This should be discussed with Human Resources. (please attach on a separate sheet if required)
Section 8	Please sign to confirm you have read the purpose and process statement of the referral. This will confirm discussion about purpose and content of the document with the employee, the principle aim being that there are no surprises for the employee by way of this process when they attend for consultation.

The University of Edinburgh
Occupational Health - Request for Assessment of Ill-Health Leading To Early Retirement
on Medical Grounds for Pension Purposes

SECTION 1	DETAILS OF THE PERSON MAKING THE REFERRAL
Date of referral: Name: Position: Contact tel no: Mobile: Work address: Email address: Signature:	

SECTION 2	DETAILS OF EMPLOYEE BEING REFERRED:
Full name: Title: Date of birth: (mandatory) Staff ID no: (mandatory)	
Home address: Postcode: Contact tel. no: Mobile:	
Job title: School/Institute: Location: Work e-mail: Work tel no: Date of appt. to present post:	
Please indicate the Manager and HR contact: both will receive a copy of the Occupational Health report (unless indicated otherwise).	
Manager/Supervisor: HR Manager/Adviser:	

SECTION 3		REFERRING MANAGER/HR Please tick the boxes below as appropriate to indicate the reason for referral	<input checked="" type="checkbox"/>
1.	Assessment for application for retirement on the grounds of ill health or		
2.	Concern about health in relation to a staff members capability to continue to work and carry out their role for health reasons		
3.	Other – please describe below in additional information		
Please include any information which you feel may assist the Occupational Health Unit in making an assessment of the case, along with any relevant documentation			

SECTION 4	PENSION SCHEME – If assessment for ill health retrial - please confirm the person concerned is in a pension scheme and indicate which scheme applies in this case	<input checked="" type="checkbox"/>
USS		
SBS		
SPPA (Scottish Teachers)		
Local Government		
None of these / other (please specify)		

SECTION 5	EMPLOYMENT DETAILS FOR THE EMPLOYEE BEING REFERRED – information regarding work undertaken
Work pattern: (Details of shift)	
Hours of work:	
Driving activity required as part of employment:	HGV/Car/Other/None

Please include information about any significant aspects of the job which the Occupational Health Physician should be aware of. (complete as attachment if required)

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SECTION 6	PREVIOUS ABSENCE - (include last 24 months approx.), indicating dates, reasons, self-certified or fit note. (attach a sickness absence summary from oracle if available/appropriate)
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Absence details attached?	Yes		No		<i>If not please complete the table below or on a separate sheet</i>
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From:	To:	Reason given:

CURRENT Absence details Please describe the pattern and any other useful information including Bradford Score if available
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Is employee currently absent?	Yes		No	
Fit Note/Medical Certificate:	Yes		No	
Reason given for current absence:				

If applicable please note any details for return to work as given on the fit note (note below)

SECTION 7	ADJUSTMENTS AND REASONS
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PLEASE outline and indicate any adjustments already considered and/or implemented (please attach on a separate sheet if required)

PLEASE note why capability/IHR assessment is requested (attach separately if required)

SECTION 8		REFERRAL PURPOSE/PROCESS - CONFIRMATION	
<p>If the employee has not been informed of the referral purpose, the OHU will not be able to proceed with this referral.</p> <p>This document forms part of the clinical notes and is treated in medical confidence. The content of this document will be discussed with the employee to enable the consultation process to proceed. Employee consent is required prior to any feedback being given. With the employee's consent and following the appointment, Occupational Health will send a report to the referring manager. This may be copied to the Human Resources Adviser as specified in this document and a copy will be sent to the employee if they elect to see the report either before or when it is supplied. When an employee has informed Occupational Health of a requirement for a copy of the report, there may be a delay before the report can be issued. Due to legislative requirement of medical confidentiality the Occupational Health Adviser/Physician may be restricted in the information provided; where this has significantly restricted any feedback this may be indicated in the report.</p>			
Prior to this process being progressed by OHU please confirm;		Yes	No
That a representative from Human Resources has discussed any potential consequence for employment with the employee			
The employee has been directed to contact the Pensions Department for any detail relating to accessing their pension on grounds of ill health			
Please confirm both these areas have been addressed - we cannot progress the referral without this confirmation.			
I have read the statement above and confirm I have discussed the content of this referral form with the member of staff who understands the reason for referral.			
Manager's Signature:		Date:	

When completed please check the following;

REFERRAL CHECKLIST	Please tick	YES	NO
I enclose:	The person's job description. If none available, please attach a summary of duties and responsibilities.		
	Accident report (if relevant)		
	Any other relevant documents		
Referral initiated by:	Line manager		
	Human resource adviser		
	Other (please specify)		
A copy of this referral has been sent to the HR adviser			
The employee is aware of the referral purpose and content and has been advised to discuss details of their pension with the Pensions Department			

Please send the completed referral form electronically to; Occupational.Health@ed.ac.uk
Or alternatively send it in a sealed envelope marked strictly private and confidential to:
The Occupational Health Unit
Drummond Street Annexe
Drummond Street

For further referral guidance please refer to;

<http://www.ed.ac.uk/schools-departments/health-safety/occupational-health/managers/attendance-management/referral>

N.B. If there is more than one contract of employment – please include what and where this second employment is.

Please attach any other relevant information