UCL HUMAN RESOURCES DIVISION

**WORKPLACE HEALTH**

**STUDENT REFERRAL FORM – STRICTLY CONFIDENTIAL**

Once completed please email to**:** [wh.occupationalhealth@ucl.ac.uk](mailto:wh.occupationalhealth@ucl.ac.uk)

*1. Student Details*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Surname:* | | ***Title*** | | |
| *First name:* | |  | | |
| *Study Programme title:* | |  | | |
| *Home address:* | |  | | |
| *Date of Birth:* | |  | ***Gender:***  M  F  Other | |
| *Telephone numbers:* | | Mobile:  THIS FIELD IS MANDATORY - Workplace Health team will call to arrange the appointment | | |
| *UCL e-mail address:* | |  | | |
| Please provide a brief overview of the **relevant demands** of the Study Programme including current place of study and year of study.  *2. Details of School representative making the referral* | | | | |
| ***Name:*** |  | | ***Job title:***  ***Relationship to the student:*** |  |
| ***Contact number:*** |  | | ***Email:*** |  |
| 3. Reason for referral. Please outline the main issue(s) initiating this request, including the effects of the health problem on student placement or study. | | | | |
|  | | | | |

## 4. Select any of the below which may be relevant to your enquiry.

|  |  |
| --- | --- |
|  | Is there an underlying medical condition affecting this individual’s fitness to study or undertake placement experience? |
|  | Is s/he currently fit to undertake the course? |
|  | Is s/he currently fit to undertake the work placement aspects of the course? |
|  | Are there any short-term adjustments that would help to reduce the impact on study/placement? |
|  | Are any permanent adjustments to the course / placement advised? |
|  | Is there further requirement for medical support or intervention? |
|  | Is the health problem likely to recur or affect future fitness to practice profession? |
|  | In your opinion, does the health problem meet the criteria for disability as defined within the Equality Act 2010? |
| If other specific advice in addition to the above is required please state here:  If you student has taken a break from the course, when did this start?  Are there any particular requirements in relation to access, mobility or communication? If yes please give details*:* | |

5. Referral authorisation(the referring *tutor making the referral must sign / type here):*

|  |  |  |
| --- | --- | --- |
| Please complete the following by ticking the boxes below:  *I confirm that I have discussed the reasons for this referral with the student. I have emailed / posted the student a copy of this form.* | | |
| *If completing electronically type your name below. This indicates your agreement to the above statements (section 6) and must be emailed from your named UCL email account. Alternatively, print the form, sign and scan as a PDF file.*  *Typed name* ***or*** *sign****:***    *Date:*  **OFFICE USE ONLY:** | | |
| DATE OF REVIEW: | OHA  OHP | INITIAL: |