

All sections must be completed unless otherwise stated as optional.

PERSONAL DETAILS <i>Person being referred</i>			
Mr/Mrs/Miss/Ms/Prof/Dr/Other			
Preferred Pronoun	He/him/his <input type="checkbox"/>	She/her/hers <input type="checkbox"/>	They/them/their <input type="checkbox"/>
Surname			
First Name			
Date of Birth			
Home Address			
Post Code			
Contact Telephone No			
Email			

WORK DETAILS	
Post Held	
Date of Appointment to role	
Place of Employment	
Total Time in Service	
Working hours	
<p>Work description: Please provide a <u>brief</u> description of your main duties and current work environment (e.g. office based, requirement to travel, represents the University at external events, particularly busy environment, resource pressures, lots of sitting/standing/walking etc):</p> 	

REASON FOR REFERRAL

Please state why you are referring yourself for Occupational Health assessment, including what the health matter and/or health condition is and the effect on work so far, or the effect work is having on your health (e.g. are you suffering from back pain, and sitting for long periods makes it worse or, if you feel you have poor mental health at the moment, which is affecting your ability to concentrate at work. Please include details of any risk assessments, alterations to existing hours and duties, new equipment, additional training etc).

By signing the following, I confirm that I understand that this is a self-referral, and no report will be produced from this appointment.

Signature:

Date:

Processed in accordance with current Data Protection Legislation

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