

# Referral Checklist Form for a manager

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Please review the template below to ensure you have all the information you will need, to make a referral on the Duradiamond portal. If you decide to capture information on this template, please ensure you keep the form secure and destroy once you have submitted the referral.

| Referrer's details                |  |
|-----------------------------------|--|
| Name and Title                    |  |
| Organisation Name                 |  |
| Organisation Address and Postcode |  |
| Contact Number and e-mail address |  |
| Cost Centre                       |  |

| Colleague's details  |  |
|--|--|
| Name and Title   |  |
| Date of Birth  |  |
| Job Title  |  |
| ER Services case reference number  |  |
| Location / Division / Department   |  |
| Contact Number<br>Personal E-mail address  |  |
| Home address and Postcode  |  |
| Knowledge if the colleague has access to Private Medical Insurance, Group Income Protection or Employee Assistance Programme / Counselling |  |

**Reason for referral**

An in-depth reason as to why you are referring this colleague.

| Colleague's Absence Data                               |  |
|--|--|
| First day of absence (If applicable)                   |  |
| Total days absent in the calendar / rolling year       |  |
| Total spells of absence in the calendar / rolling year |  |
| Diagnoses of absence                                   |  |

**Activities or risks associated with the colleague's role**

Provide details on what the colleague does in their role and how this has been impacted. Anything from prolonged computer / telephone usage, to lifting or carrying heavy items.