UCL HUMAN RESOURCES DIVISION





MANAGEMENT REFERRAL FORM - STRICTLY CONFIDENTIAL

Please consider discussing your referral with your HR Business Partner. Once completed please email to ohsadmin@ucl.ac.uk.

1. Employee Details

1. Employee Details	
Surname:	Aniket <i>Title</i> Dr
First name:	Kumar
Job title: Department &	Research Fellow
address:	Bartlett School of Construction and Project management, 1-19 Torrington Place
Home address:	85A York Way, London N7 9QF
Date of Birth:	27/03/1974
Telephone numbers:	Work: Home: Mobile: 0759 697 1143
Email address:	k.aniket@ucl.ac.uk

Are there any particular requirements in relation to access, mobility or communication? If yes please give details: No – however, Aniket is currently working at home due to the current situation, so a telephone consultation might be preferable.

If the employee is unable to attend a consultation please discuss the case with your HRBP. In some circumstances we can contact the treating clinician directly with the employees consent.

<u>Please provide a brief overview of the job description of the employee including tasks, hours, overtime and sites worked at.</u>

Aniket is a research fellow in the School of CPM; he carries out research projects and is an active researcher; he also teaches and marks on some of our modules.

Aniket is employed full-time and is based at the Bloomsbury Campus, although is currently working at home due to the current situation.

2. Details of Manager and HRBP requesting assessment:

Manager's name:	Helen Pascoe	Address:	1-19 Torrington Place
Job title:	School Manager	Contact number;	07525 286051
Department;	The Bartlett School of Construction and Project Management	Email:	h.pascoe@ucl.ac.uk

HRBPs name: Gemma Andrews

3. Reason for referral. Please outline the main issue(s) initiating this request, including the effects of the health problem on work performance and attendance.

Aniket tells us that he has a medical condition (a particular form of haemoglobinopathy) which means that he suffers from fatigue. Aniket tells us that long hours, and weekend working in particular, make him tired; all staff have been discouraged from working outside normal office hours, and additionally Aniket's workload has been reviewed and is within the normal expectations for the role; we would like advice on how we can support Aniket with managing his medical condition alongside his work commitments.

Aniket also tells us that his mental health is currently being severely affected, and believes that this is due to his current teaching allocation within his job remit; this has been reviewed and the teaching allocations are within the normal boundaries for the role. Again we would like advice on how we can support Aniket with managing his medical condition alongside his work commitments.

FIRST DAY OF SICKNESS ABSENCE date:

N/A if no sick leave taken X

Covid -19 referral: please use this section to document the outcomes of your conversation with your employee using the work assessment tool on our website.

	Y or N
1. Male gender	Yes
2. Over 70 years	No
3. Serous underlying health conditions	No
4. Self-identifying as BAME	Yes
5. Pregnant	N/A
6. Shielding letter	No
7. Living with or caring for someone advised to shield	No

Please advise which tier you assessed the referee as and any other factors impacting on risk not outlined in 1-7 above:

Tier 2

Please give an overview of social distancing measures that you have in place locally, and highlight any tasks that cannot be undertaken whilst maintaining social distance (2 metres).

All staff are encouraged to work from home until January 2021. Where staff do want/need to be on site, we are operating on single occupancy offices and social distancing in corridors. Capacity in our space will be at a maximum 25%.

- 4. The Workplace Health report will automatically provide advice on:
 - The identification of a health problem that may impact on an individual's work.
 - The potential effects of the problem on current and future performance or attendance.
 - Adjustments to the work place or tasks that would assist in reducing the adverse effects of the health problem on attendance and performance.
 - Timescales for expected improvement (and return to work if currently on sick leave)

If you are seeking any specific advice in addition to the above please state this here:				
We would like some advice in how we can best support Aniket to manage his health conditional alongside his role.				
6. Referral authorisation (the referring manager named above must sign here)				
Please complete the following by ticking the boxes below:				
X I confirm that I have discussed the reasons for this referral with the employee and the HR Consultant.				
X I have passed a copy of this referral to the employee.				
X I am aware that the employee will receive a copy of the resulting report.				
PLEASE NOTE: if the employee is unaware of your reasons for referral we may not be able to				
complete this assessment.				
If completing electronically type your name below. This indicates your agreement to the above statements (section 6) and <u>must</u> be emailed from your named UCL email account. Alternatively, print the form, sign and scan as a PDF file.				
Typed name or sign:				
Helen Pascoe				
Date: 20/8/20				
OFFICE USE ONLY				
DATE OF REVIEW: SPOH COHP INITIAL:				