How to Refer an Employee - Life Coaching



Follow this guide to learn how to refer an employee for life coaching.

Insight Insight Workplace	e Health Dashboard	
Report a New Starter	Refer an employee	Preplacement Statuses
Has a new employee just started? Report them to us.	Refer them to us and we'll arrange to speak with them about their OH needs.	See how a preplacement is progressing.
Case Statuses	Documents	Restriction
See how a case is progressing.	Download any documents you may need to see.	See any restrictions your employees may have.

2 Click on"Refer an employee"

Report a New Starter	Refer an employee	Preplacement Statuses
Has a new employee just started? Report them to us.	Refer them to us and we'll arrange to speak with them about their OH needs.	See how a preplacement is progressing.
Case Statuses	Documents	A Restrictions
See how a case is progressing.	Download any documents you may need to see.	See any restrictions your employees may have.

3 Search for the employee using the search box.

nome > kerera	n employee				
REFER AN EM	IPLOYEE				
Refer an employee t	to us to discuss occupation	al-health related matter(s).			
2. Click the nam	e employee you want to refe e of the correct employee be asked for further inform		, or occupation		
Forename	Surname	Employee ID	Location	Occupation	Contract
			0 records found		
Can't find them? No	problem, just enter their d	etails manually.			
				E-mail: admin@insightworkplaceheal /orkplace Health. Powered by OrchidL	

4 If the employee details are found, they will appear in a list below.

	an employee				
REFER AN EI	MPLOYEE				
Refer an employee	to us to discuss occ	upational-health related matter(s)			
	e employee you wan ne of the correct emp		/		
	be asked for further				
		Name, employee ID		n	
		Name, employee ib	, location or occupatio	Let a	
Forename	Surname	Employee ID	Location	Occupation	Contract
Callum	Test 1	49372694373	/		Demo Ltd
	Test 1	43278271			Demo Ltd
Emma	TCSC I				Dama Lad
	Test 1	7654567745645			Demo Ltd
Gabie		7654567745645 8765536745325			Demo Ltd
Sabie Millie	Test 1				
Sabie Millie Kieran	Test 1 Test 1	8765536745325			Demo Ltd
Gabie Millie Kieran Hayley	Test 1 Test 1 Test 1	8765536745325 453452343623532			Demo Ltd Demo Ltd
Gabie Millie Kieran Hayley sabelle	Test 1 Test 1 Test 1 Test 1 Test 1	8765536745325 453452343623532 879876856654		Coremaking Machine Operator	Demo Ltd Demo Ltd Demo Ltd
Emma Gabie Millie Kieran Hayley Jsabelle Micah Bass Bryony	Test 1 Test 1 Test 1 Test 1 Test 1 Test 1	8765536745325 453452343623532 879876856654		Coremaking Machine Operator	Demo Ltd Demo Ltd Demo Ltd Demo Ltd
Gabie Millie Kieran Hayley Isabelle Micah Bass	Test 1 Test 1 Test 1 Test 1 Test 1 Test 1 Mcknight	8765536745325 453452343623532 879876856654 878957566348		Coremaking Machine Operator Fire Fighter	Demo Ltd Demo Ltd Demo Ltd Demo Ltd Demo Ltd
Gabie Millie Kieran Hayley Isabelle Micah Bass Bryony	Test 1 Test 1 Test 1 Test 1 Test 1 Mcknight Mwgs	8765536745325 453452343623532 879876856654 878957566348	Test		Demo Ltd Demo Ltd Demo Ltd Demo Ltd Demo Ltd Demo Ltd

5 If the employee details do not appear in the list, click "enter their details manually"

	an employee				
REFER AN E	MPLOYEE				
Refer an employee	to us to discuss occ	upational-health related matter(s)			
	e employee you wan				
	ne of the correct emp be asked for furthe				
3. You will then	be asked for further	r Information.			
		Name, employee ID), location, or occupation		
Forename	Surname	Employee ID	Location	Occupation	Contract
Callum	Test 1	49372694373			Demo Ltd
Emma	Test 1	43278271			Demo Ltd
Gabie	Test 1	7654567745645			Demo Ltd
Millie	Test 1	8765536745325			Demo Ltd
Kieran	Test 1	453452343623532			Demo Ltd
and the second se	Test 1	879876856654			Demo Ltd
Hayley	Test 1	878957566348			Demo Ltd
	Mcknight			Coremaking Machine Operator	Demo Ltd
Isabelle		100898			Demo Ltd
Isabelle Micah Bass	Mwgs			Fire Fighter	Demo Ltd
Isabelle Micah Bass Bryony	_				2 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2
Hayley Isabelle Micah Bass Bryony TEST PPQ Drew Gibson	Mwgs		Test	Accountant	Demo Ltd

3

Continue to enter the referrer details first.

6

	mployee > Enter details
REFER A EMPL	DYEE
	nal Health should be discussed with the employee being referred, they should be aware of the referral. Please complete all sections of the form in full; sult in a delay to the referral and could potentially impact the quality/detail/relevance of the report.
	e kept in accordance with the Access to Medical Reports Act 1998 as amended as well as all principles for processing data within the GDPR (EU) 2016/679 in Act 2018. The rights of the individual will be followed as legislation dictates.
Please ensure all pers wrong employee reco	nal details for the individual referred is correct and up to date to ensure GDPR compliance. Failure to do so may result in information feeding into the d.
Note: Required fields	re marked with an asterisk *.
Referrer Details	
Full Name *	
Job Title *	
Department *	
Department * Telephone * Email *	
Telephone *	

7 Continue to complete the form with the employee's information and contact details.

Title *		*			
First Name *					
Surname *					
Gender		*			
Employers ID *		?			
Contract	Demo Ltd	× *			
Date of Birth *	DD/MM/YYYY				
Address			-		
		4			
		_			
Postcode			•		
Country		_			
country					
Contact					
Home phone					
Landline Number					
Mobile Number *			7		
			'		
Email Address *					
Email Address *					
	ils				
Email Address * Employment Deta Occupation	ils	*		 	

8

Continue to answer yes or no to the referral information questions.

Occupation	×
Purchase Order Number / Cost Code	
Referral Info	
Is your employee's first language English? *	
○ Yes ○ No	
Does your employee have sufficient grasp of En	glish (written and spoken) to engage fully in the requested occupational health consultation? *
○ Yes ○ No	
Do you have an EAP (Employee Assistance Prog	ramme)? *
○ Yes ○ No	
Does the EAP offer counselling services? *	
○ Yes ○ No	K
Does the EAP offer Physiotherapy? *	
○ Yes ○ No	
Date of referral discussion with employee *	DD/MM/YYYY
Please confirm that you have discussed the con	tents of this Occupational Health referral with the employee and gained consent to proceed. *
○ Yes ○ No	
Failure to demonstrate this will result in the referral be	ing rejected by the Occupational Health team. We cannot proceed with this referral unless the individual has given explicit consent
Referral Details	
Please ensure you select the correct 'type of ref	'erral below'.
Management Referral: This option would be sel unsure of which type of referral to choose.	ected for a general referral for consultation about adjustments and/or fitness for role. Please call 01792 321010 if you are
DSE: This option may be selected when advice i	is required on the correct set up of a desk/chair or similar workspace.
Ergonomic/Vehicle Assessment: This option ma	ay be selected when you need advise regarding adjusting the workplace to fit the employee.

9 Continue to type of referral and click "Life Coaching Referral" from the dropdown options.

Assistive Technology Support: This referral is in order to gain advice on recommendations for Assistive Technology in order to improve accessibility, enhance communication or offer tools to aid learning or work performance.

Life Coaching: Life coaching helps clients navigate significant life challenges, clarify their goals, and develop actionable plans to achieve their desired future. Coaches guide clients in creating strategies, staying accountable and offering a supportive and positive environment for progress.

Sharps Incident: Used to report and advise on incidents involving sharp objects such as needles or syringes, that can cause injuries or pose health risks.

Early Intervention Call: A short OHA call to establish nature of absence, signpost to assistance and to help facilitate faster return to work, where possible. NB this is not a full management referral.

It is important to note that the employee is entitled to withdraw consent at any stage of the process including for the report to be released to their employer even where the employer has paid for an OH consultation. The employee is under no obligation to provide consent for the final report to be released to the employer.

Type of referral *		
𝗞 0 attachments to this	In Day Referral Assistive Technology Support Referral	
Add attachment(s): Ch You may upload multiple fil	Life Coaching Referral	ow non-clinical users to see this files al size 50.00MB.
	Sharps Incident Referral	
	Early Intervention Call Referral	Send referral

10 Continue to answer the following question. Once completed you can add any supporting documents before clicking "send referral" to submit.

Early Intervention Call: A short OHA call to establish nature of absence, signpost to assistance and to help facilitate faster return to work, where possible. NB this is not a full management referral.

It is important to note that the employee is entitled to withdraw consent at any stage of the process including for the report to be released to their employer even where the employer has paid for an OH consultation. The employee is under no obligation to provide consent for the final report to be released to the employer.

Type of referral *	Life Coaching Referral x *	
Life Coaching Ref	erral	
Background Informa	tion	
	Z	
		6
@ 0 attachments to	this page	
𝗞 0 attachments to	this page	
Add attachment(s):	Choose files No file chosen Allow non-clinical users to see this files	
Add attachment(s):		
Add attachment(s):	Choose files No file chosen Allow non-clinical users to see this files	
Add attachment(s):	Choose files No file chosen Allow non-clinical users to see this files le files at once; Current total size: n/a. Maximum total size 50.00MB.	