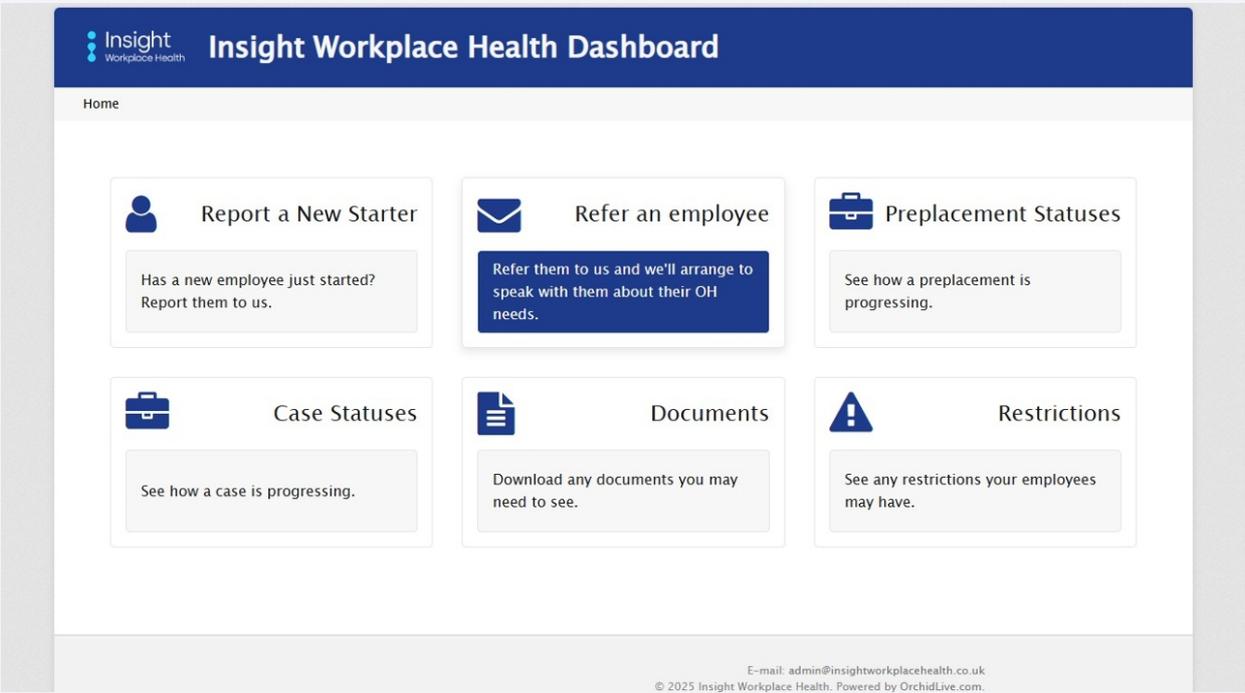


How to Refer an Employee - DSE Assessment

Follow this guide to learn how to refer an employee for DSE Assessment.

- 1. Navigate to <https://insight.orchidlive.com/orchid/dashboard/default/login> and login to view the below dashboard.



2 Click on "Refer an employee"

The screenshot shows the 'Insight Workplace Health Dashboard' home page. It features a grid of six tiles: 'Report a New Starter', 'Refer an employee', 'Preplacement Statuses', 'Case Statuses', 'Documents', and 'Restrictions'. The 'Refer an employee' tile is highlighted with a blue background and a white arrow pointing to it. The text on this tile reads: 'Refer them to us and we'll arrange to speak with them about their OH needs.'

Home

Report a New Starter
Has a new employee just started? Report them to us.

Refer an employee
Refer them to us and we'll arrange to speak with them about their OH needs.

Preplacement Statuses
See how a preplacement is progressing.

Case Statuses
See how a case is progressing.

Documents
Download any documents you may need to see.

Restrictions
See any restrictions your employees may have.

E-mail: admin@insightworkplacehealth.co.uk
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3 Search for the employee using the search box.

The screenshot shows the 'Refer an employee' page. It includes a search box with the placeholder text 'Name, employee ID, location, or occupation' and a search icon. Below the search box is a table with columns for 'Forename', 'Surname', 'Employee ID', 'Location', 'Occupation', and 'Contract'. The text '0 records found' is displayed below the table. A blue arrow points to the search box.

Home > Refer an employee

REFER AN EMPLOYEE

Refer an employee to us to discuss occupational-health related matter(s).

1. Search for the employee you want to refer below.
2. Click the name of the correct employee
3. You will then be asked for further information.

Name, employee ID, location, or occupation

Forename	Surname	Employee ID	Location	Occupation	Contract
0 records found					

Can't find them? No problem, just [enter their details manually](#).

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

Insight Workplace Health **Insight Workplace Health Dashboard**

Home > Refer an employee

REFER AN EMPLOYEE

Refer an employee to us to discuss occupational-health related matter(s).

1. Search for the employee you want to refer below.
2. Click the name of the correct employee
3. You will then be asked for further 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
Gable	Test 1	7654567745645			Demo Ltd
Millie	Test 1	8765536745325			Demo Ltd
Kieran	Test 1	453452343623532			Demo Ltd
Hayley	Test 1	879876856654			Demo Ltd
Isabelle	Test 1	878957566348			Demo Ltd
Micah Bass	Mcknight			Coremaking Machine Operator	Demo Ltd
Bryony	Mwgs	100898			Demo Ltd
TEST PPQ	PPQ			Fire Fighter	Demo Ltd
Drew Gibson	Battle		Test	Accountant	Demo Ltd
Demo PPQ	Demo		Demo	Admin & Clerical	Demo Ltd

12 records found

Can't find them? No problem, just [enter their details manually](#).

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

Insight Workplace Health **Insight Workplace Health Dashboard**

Home > Refer an employee

REFER AN EMPLOYEE

Refer an employee to us to discuss occupational-health related matter(s).

1. Search for the employee you want to refer below.
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Millie	Test 1	8765536745325			Demo Ltd
Kieran	Test 1	453452343623532			Demo Ltd
Hayley	Test 1	879876856654			Demo Ltd
Isabelle	Test 1	878957566348			Demo Ltd
Micah Bass	Mcknight			Coremaking Machine Operator	Demo Ltd
Bryony	Mwgs	100898			Demo Ltd
TEST PPQ	PPQ			Fire Fighter	Demo Ltd
Drew Gibson	Battle		Test	Accountant	Demo Ltd
Demo PPQ	Demo		Demo	Admin & Clerical	Demo Ltd

12 records found

Can't find them? No problem, just [enter their details manually](#).

6 Continue to enter the referrer details first.

Insight Workplace Health Dashboard

Home > Refer an employee > Enter details

REFER A EMPLOYEE

Referrals to Occupational 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; failure to do so may result in a delay to the referral and could potentially impact the quality/detail/relevance of the report.

All medical records are 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 and the Data Protection Act 2018. The rights of the individual will be followed as legislation dictates.

Please ensure all personal 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 wrong employee record.

Note: Required fields are marked with an asterisk *.

Referrer Details

Full Name *

Job Title *

Department *

Telephone *

Email *

Basics

Title *

First Name *

Surname *

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

Basics

Title *

First Name *

Surname *

Gender

Employers ID * ?

Contract Demo Ltd x

Date of Birth * DD/MM/YYYY

Address

Postcode

Country

Contact

Home phone

Landline Number

Mobile Number *

Email Address *

Employment Details

Occupation

Purchase Order Number / Cost Code

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

Employment Details

Occupation

Purchase Order Number / Cost Code

Referral Info

Is your employee's first language English? *

Yes No

Does your employee have sufficient grasp of English (written and spoken) to engage fully in the requested occupational health consultation? *

Yes No

Do you have an EAP (Employee Assistance Programme)? *

Yes No

Does the EAP offer counselling services? *

Yes No

Does the EAP offer Physiotherapy? *

Yes No

Date of referral discussion with employee *

Please confirm that you have discussed the contents of this Occupational Health referral with the employee and gained consent to proceed. *

Yes No

Failure to demonstrate this will result in the referral being 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 referral below'.

Management Referral: This option would be selected for a general referral for consultation about adjustments and/or fitness for role. Please call 01792 321010 if you are unsure of which type of referral to choose.

DSE: This option may be selected when advice is required on the correct set up of a desk/chair or similar workspace.

Ergonomic/Vehicle Assessment: This option may be selected when you need advise regarding adjusting the workplace to fit the employee.

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Continue to type of referral and click "DSE Assessment" from the dropdown options.

DSE: This option may be selected when advice is required on the correct set up of a desk/chair or similar workspace.

Ergonomic/Vehicle Assessment: This option may be selected when you need advise regarding adjusting the workplace to fit the employee.

Workplace Needs Assessment: This option designed to identify reasonable adjustments that can be implemented to support a neuro-diverse (dyslexia, dyscalculia, dyspraxia, ADHD, ASD) employee in the workplace.

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 *

Management Referral

DSE Assessment

Ergonomic/Vehicle Assessment

Neurodiversity - Workplace Needs Assessment

DVLA - D4 driver medical (HGV)

DSE

Briefly describe the reasons

Summary of main duties

Details of any perceived risk in undertaking current role

Is there an underlying health issue? *

Yes No

Full Address of DSE Assessment *

Postcode *



10

Continue to answer the questions for the DSE Assessment 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 * x v

DSE

Briefly describe the reason why you are requesting this referral

Summary of main duties

Details of any perceived risk in undertaking current role

Is there an underlying health issue? *

Yes No

Full Address of DSE Assessment *

Postcode *



Country

You may wish to upload up to 3 images of the working area using the attachments button at the bottom of the referral page.

11

Once completed you can add any supporting documents before clicking "send referral" to submit

Summary of main duties

Details of any perceived risk in undertaking current role

Is there an underlying health issue? *

Yes No

Full Address of DSE Assessment *

Postcode *



Country

You may wish to upload up to 3 images of the working area using the attachments button at the bottom of the referral page.

0 attachments to this page

Add attachment(s): No file chosen Allow non-clinical users to see this files
You may upload multiple files at once; Current total size: n/a. Maximum total size 50.00MB.