

Display Screen Equipment (DSE) Assessment Referral Form

The purpose of this form is to ascertain the relevant information that will enable the Health, Safety and Wellbeing (HSW) Service to undertake a suitable and sufficient DSE assessment. Providing us with as much background information as possible about the employee will assist us to provide a more detailed assessment. Disclosure of any existing medical conditions or concerns however all details provided are held securely and any recommendations provided without such information may have reduced effectiveness.

<p>Date WILMA DSE Package Completed. <u>This must be completed prior to requesting an assessment</u></p> <p><i>You must attach a copy of a RECENT self-assessment with this referral which has been completed within one month of the referral date. (N.B. The self -assessment can be completed (more than once) without undertaking the training or quiz)</i></p> <p><i>N.B. The referral form will be returned if this is not attached.</i></p> <p><i>For those who cannot access Wilma please complete the 'DSE learning, quiz and self-assessment hard copy'</i></p>		<p>Please outline any measures/adjustments that have been introduced following the completion of the recent DSE Self-Assessment</p>
Name of Referring Manager		
Job Title		
Contact Telephone Number		
Contact Email Address		
Name of DSE user		
Job Title		
Work Telephone Number		
Work Email Address		
Exact Location of Desk <i>(e.g. Village 1, Ground Floor Barrack Street, opposite breakout area)</i>		
Group <i>(Communities/Resources/People)</i>		
Business Unit & Team or School Name		
Please indicate employees preferred days of the week for a DSE Assessment. Please tick as many days as you can and state am/pm if applicable		
Monday	Tuesday	Wednesday
Thursday	Friday	
Reason for Referral		
Reason For Referral	Please Tick	
Personal Request		
Manager Request		
Occupational Health Request		
Resulting from Office Move / Flexible Working		
Health and Safety		
Other (please state)		

Detail concerns relating to DSE use:

It is essential that you provide as much background information about why you are referring this person as possible, including your knowledge of any underlying medical reasons why this person is being referred.

Are there any specific contributory factors that need to be considered?**Working From Home (flexible agreement or otherwise). (Give details and state average days/hours per week)****Does the employee have another job? If so please provide details****Confirmation of Consent – For Line Manager Completion**

I can confirm that the employee is aware of the purpose and content of this referral and has agreed to a report being supplied in confidence to myself (the manager) with a copy to them.

I also understand that as part of the DSE assessment that is undertaken by HSW, recommendations may be made for equipment which could incur a cost to my budget.

It is understood that the DSE Assessment is not conducted by a medical professional. Any specific medical issues should be directed to a GP / Occupational Health.

Signed:**Print:****Date:**

By emailing this to the Health, Safety and Wellbeing Service (healthandsafety@warwickshire.gov.uk) you are confirming that you wish us to undertake the DSE assessment and provide consent as above.

If you have any queries with regard to the completion of this form or the process please contact the HSW Service on 01926 476803 or email healthandsafety@warwickshire.gov.uk