**A close-up of  the Visualise logo
**

**REFERRAL FOR A**

**WORKPLACE ASSESSMENT**

We specialise in workplace assessments for employees with hearing or sight loss to identify challenges and recommend adjustments to employers.

This form should be completed by the line manager or referrer responsible for the colleague for whom support is required.

Before submitting, please ensure that the colleague has consented to a referral and is aware that an assessment will be conducted. The colleague consents to Visualise managing and maintaining their information in compliance with all ethical requirements and data protection legislation. The colleague should be aware that they may receive an email from Visualise.

Where possible, this form should be completed in collaboration with the

colleague. Once complete, any information submitted on this form and subsequent reports is confidential (and will be shared with the colleague at their request).

Assessment details

|  |  |  |
| --- | --- | --- |
| **Please enter your purchase order number, invoice address and accounts email address (if applicable):** |  | |
| **Your case reference (if applicable)** |  | |
| **Assessment type (please delete as necessary)** | Vision / Hearing / Vision and Hearing | |
| **Method (delete as necessary)** | Virtual or Face-to-face (an additional charge will apply) | |
| **Work address (if face-to-face):** | |  | |
| **Dates and times when the colleague is unavailable:** | |  | |

Employee details

|  |  |
| --- | --- |
| **Name:** |  |
| **Email address:** |  |
| **Tel number/s:** |  |
| **Date of Birth:** |  |
| **Job title:** |  |
| **Employer:** |  |

Line Manager or referrer details

|  |  |
| --- | --- |
| **Name:** |  |
| **Email address:** |  |
| **Tel number/s:** |  |

Referral details

|  |
| --- |
| **Brief outline of duties, challenges faced and details of colleague’s health condition or disability :** |
|  |
| **Additional comments:** |
|  |

**Signed: (Please type name if emailing)**

**Date:**

When completed, please [password protect](https://support.microsoft.com/en-us/office/protect-a-document-with-a-password-05084cc3-300d-4c1a-8416-38d3e37d6826) the document (file>info>protect document), save it and advise the password in a separate email.

Please then email the form to us at [referrals@visualisetrainingandconsultancy.co.uk](mailto:referrals@visualisetrainingandconsultancy.co.uk)

**Cancellation**

Subject to any alternative agreement being reached by the client and Visualise Training and Consultancy Ltd, once this form has been signed, it confirms your booking.

Cancellation by the client of any service will incur the following fees, together with all disbursements:

Within 24 hours of the assessment date, 100% of the booking fee

**Visualise Training and Consultancy Ltd**

**Company number: 13974604**