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| **Case Management Referral Form** | | **sojlogosojlogosojlogosojlogosojlogo**See the source image | |
| **MANAGERS DETAILS** | | | |
| **Manager name:** |  | | |
| **Managers contact details:** |  | | |
| **Department:** |  | | |
| **Commissioning Manager details if different from Line Manager.** |  | | |
| **For registered nurses:** | Prior to referring a case relating to a registered nurse into your HR (Human Resources) Business Partner, the named staff below should be informed of the reason for the referral.  Jessie Marshal (Hospital)  Jessie Marshal (Community & Adult Services)  Jessie Marshal (Midwifery)  **Provide the name of the person you have referred this to and the date.** | | |
| **EMPLOYEE DETAILS** | | | |
| **Employee’s name:** |  | | |
| **Department:** |  | | |
| **Pay group:** |  | | |
| **Employee’s contact details:** |  | | |
| **Safeguarding / Suspension** | Has the employee been suspended? | | |
| **CASE DETAILS (Business Partner / Line Manager to complete) – Please complete all fields** | | |
| **Date of Referral:** |  | |
| **Chronology of incidents:** |  | |
| **Reason for the case:** |  | |
| **Summary of issue:** |  | |
| **What steps have been taken to resolve this informally:** |  | |
| **Policies breached** |  | |
| **Terms of reference:** |  | |
| **Advice given – to date** |  | |
| **Disciplinary only:**  **Is the** [**fast track**](https://www.gov.je/Working/WorkingForTheStates/PoliciesAndProcedures/PeopleServices/Pages/DisciplinaryPublicServants.aspx#DisciplinaryProcedureFormalFastTrackProcess) **process an option ?** |  | |
| **Copy of correspondence to date:** |  | |
| **Union Rep:** |  | |
| **Witnesses:** |  | |
| **Any additional information (including live warnings or PIP’s)** |  | |
| **Please indicate a secondary investigator from the Department or confirm if the department will pay for a Zero Hour Investigator.** |  | |
| **If a Zero Hrs/ contractor is to be used, please confirm cost centre and GL code to be charged** |  | |
| **If a hearing is necessary because of the outcome, please provide the name of the person who will sit as Chair.** |  | |
| **Name of HR support to Chair (Hearing)** |  | |