

Insurer/Solicitor/Rehabilitation Provider Vocational Rehabilitation Referral Form



Date of referral

Insurer's details - are you the referrer? Yes No

Insured party

Claim reference

Claim handler name

Company

Address and postcode

Telephone number

Email address

Direct fax number

Third party adjuster's details - are you the referrer? Yes No

Insured party

Reference

TPA name

Company

Address and postcode

Telephone number

Email address

Direct fax number

Claimant/injured client's details

Full name

Address and postcode

Telephone number/s Home: Mobile:

Other:

Date of birth

Date of accident/onset of health condition

Type of health condition

Type of claim Employers liability Public liability
 Motor Clinical negligence
 Income protection/other (please state)

Current symptoms		
Claim submitted	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date of first absence from work		
Current status	<input type="checkbox"/> Employed	<input type="checkbox"/> Unemployed

If the claimant is represented by a claimant solicitor please enter the following details:

Claimant solicitor's details - are you the referrer? Yes No

Solicitor firm	
Solicitor reference	
Contact name	
Address and postcode	
Telephone number	
Email address	
Direct fax number	

If there is a defendant solicitor involved please enter the following details:

Defendant solicitor's details - are you the referrer? Yes No

Solicitor firm	
Solicitor reference	
Contact name	
Address and postcode	
Telephone number	
Email address	
Direct fax number	

If the claimant is still employed please enter the following details:

Employer's details - are you the referrer? Yes No

Name	
Address and postcode	
Contact name	
Position in company	
Email address	
Telephone number	

Rehabilitation provider - are you the referrer?

Yes

No

Contact name

Job title

Their reference

Address and postcode

Telephone number

Email address

Please indicate which initial service you require:

Initial Vocational Assessment - £850

Face-to-face meeting with report identifying return to work barriers and solutions, transferable skills and local labour market details

Yes

Psycho-vocational Assessment - £1,250

Face-to-face assessment as above, with the inclusion of personality and ability tests, administered by a British Psychological Society accredited user

Yes

Reason for referral and further instruction or additional services required, i.e. Job Search

Please indicate where the invoice should be sent:

Employer

Insurer

Claimant solicitor

Third party adjuster

Defendant solicitor

Rehabilitation provider

Please confirm the company's registered address and registered number for invoicing purposes.

Please indicate where the reports should be sent:

Employer

Insurer

Claimant solicitor

Third party adjuster

Defendant solicitor

Rehabilitation provider

Vital information required before the referral can be processed:

Has agreement for referral to Remploy Vocational Rehabilitation been obtained by both the claimant and the defendants?

Yes No

If no, please identify who you would like us to obtain approval from:

Defendants or Claimant

Have you attached the most recent, relevant documents and disclosed copies of professional/medical reports and assessments (usually the last 3 - 6 months only)?

Yes No

I agree to pay Remploy Vocational Rehabilitation the costs associated with the service delivered. I approve the initial assessment costs up to a **maximum** of £1,500 and agree to pay the invoice/s within 30 days of the invoice date.

Any extension to these terms must be agreed formally in writing with Remploy Ltd. I confirm that Remploy Ltd standard terms and conditions apply.

(Any further costs will be agreed with the fee payer prior to proceeding.)

Yes No

Authorised by

Signature

Print name

Date

Remploy Ltd. Terms and Conditions apply. Please contact us if you require a copy.

Once complete, please return with the relevant documents to:

Email: vocationalrehabilitation@remploy.co.uk

Post: Vocational Rehabilitation Service Centre
Remploy
18c Meridian East
Meridian Business Park
Leicester
LE19 1WZ

Fax: 0845 155 2702

For further information please call:

0845 146 0501

calls charged at local rates

Remploy

Putting ability first

