**Department Name**



**Directorate**

**Address 1**

**Address 2**

**Address 3**

**Post Code**

# PRIVATE & CONFIDENTIAL

|  |  |
| --- | --- |
| **NAME****ADDRESS1****ADDRESS2****ADDRESS3****POST CODE** | **Date: DATE****Ref No:** **Direct Line: Number****Email:****Contact: NAME** |
|  |  |

Dear **[name]**

**Capability Process: Occupational Health Referral**

I am writing to confirm the outcome of the [**formal/informal**] Capability Meeting held on **[date]** in **[location]*.***

I confirm that the meeting has been adjourned pending a medical referral to Occupational Health to ascertain whether there is any medical issues contributing to your under performance at work. The [**formal/informal**] process will be adjourned until the medical evidence can be properly considered, however you will need to remain on a period of supervision **[if employee still at work]**.

I will contact you to arrange a mutually convenient time to discuss the Occupational Health referral with you and initiate the referral. Occupational Health Services will then contact you directly with details of an appointment which will then generate a Occupational Health report being generated. On receipt of this report I will arrange to meeting with you to discuss this prior to a decision being taken about reconvening the capability procedures.

In the meantime, if you have any queries please do not hesitate to contact me on **[phone number]**.

Yours sincerely

**[Managers Name]**

**[Job Title]**

**[Service]**