

Ergonomic Assessment Referral

Thank you for sending us your assessment request. We will contact the Assessee shortly to confirm an appointment.

REFERRER DETAILS

Name:

Organisation:

Email:

Telephone:

Date:

ASSESSEE DETAILS

Name:

Assessment Address:

Email:

Telephone:

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Please summarise the funding body approved medical evidence below:

MEDICAL EVIDENCE

Ergonomic equipment you would like us to assess for:

Any other ergonomic equipment already recommended or points we need to consider during this assessment:

Will the end user be using a laptop or desktop computer? Laptop: Desktop:

Approximate Height and Weight. Height: Weight:

Duration of studies including any part years (for insurance purposes). Duration:

Any other relevant information:

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What to do next:

1. Please email the completed form to Amy Renwick at **amyr@conceptnorthern.co.uk**
2. One of our specialist ergonomic assessors will carry out the ergonomic assessment
3. A detailed report will be included along with a quote for recommended equipment

If you have any questions regarding the ergonomic assessment process,
please call **01355 573 173** or email **amyr@conceptnorthern.co.uk**