

Case Conference Request form

Name (staff member for the case conference):	
DoB (staff member for the case conference):	

Name of HR Representative:	
Contact number of HR Representative:	

Date provided from OH for Dr Availability	
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Date confirmed	
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Confirmation that the staff member of the Case Conference has been informed by HR and consented	YES	NO
Attendance confirmed by individual	YES	NO

Reason for Case Conference	
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Support as required by the doctor – what detail is required?	
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