



What are your views about Occupational Health?

1. Have you used an OH Service Provider before? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Comments	
2. If yes, was your experience Positive <input type="checkbox"/> Indifferent <input type="checkbox"/> Negative <input type="checkbox"/>	
Comments	
3. How could OH Services be improved?	
Comments	
4. How are health matters dealt with in your organisation?	
Comments	
5. How are performance issues dealt with?	
<ul style="list-style-type: none"> • By following HR Policies and Procedures? • Outsourced advice? • Internal HR Managers • Appraisal and Review Systems • External Legal Advice • Other please give details 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
6. How is safety managed?	
<ul style="list-style-type: none"> • Dedicated Safety Officer • Dual role with another discipline • By following Safety Policies and Procedures • Health Surveillance checks e.g. COSSH, Noise • Outsourced advice? 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
7. Is there a direct working relationship between HR, OH, Safety and line managers?	

<p>8. Given the resources or the opportunity, would you foresee accessing HR, OH or Safety providers in the future useful?</p> <ul style="list-style-type: none"> • HR Yes <input type="checkbox"/> No <input type="checkbox"/> • OH Yes <input type="checkbox"/> No <input type="checkbox"/> • Safety Yes <input type="checkbox"/> No <input type="checkbox"/> 	
<p>9. (Optional) Would you take on someone with a history of long term mental or physical health problems?</p> <p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Comment (See website www.ifyouknew.co.uk)</p>	
<p>Contact for potential needs assessment Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, confirm contact details and best time to call to make arrangements</p>	
<p>Is your company a member of the Suffolk Chamber of Commerce?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes - which Chamber</p> <p>No - any other organisation</p>	
<p>Please complete the contact details below.</p>	
Company name	Location
Contact name	Title
Date	Telephone/email contact

Please return the completed survey form to Gipping Occupational Health Ltd. Using the upload facility provided on the contact page on our website, or send an email to advice@gipping.co.uk with form attached, alternatively you can fax your form to us on **01449 766891**

Thank you for participating

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