# Worker Details

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee Surname:** |  | **Given Name:** |  |
| **Phone No.:** |  | **Date of birth:** |  |
| **Email address:** |  |

# Most Recent Employment Details

|  |  |
| --- | --- |
| **Date employment ceased with University:** |  |
| **School/Organisational Unit:** |  |
| **Campus:** |  |
| **Occupation:** |  |
| **Aurion Number:** |  |

# Reason for Exiting the Hearing Program (please tick)

|  |  |
| --- | --- |
|  | **Leaving UQ** |
|  | **Significant change in workplace/duties resulting in decreased exposure to noise** |
|  | **Recent sound level measurements indicate non-exposure to hazardous noise** |
|  | **Other (please specify)** |

# Most Recent Supervisor Details

|  |  |  |  |
| --- | --- | --- | --- |
| **Supervisor’s Name:** |  | **Phone No.:** |  |
| **Email address:** |  |

|  |  |
| --- | --- |
| **Date of referral:** |  |

# Finance Details – Exit Hearing Consultation (Full reference test)

**Cost** - $50/hearing assessment to be funded by organisational unit. For non-arrivals without prior notice by the employee or supervisor, the organisational unit will be a charged this $50 fee regardless.

|  |  |  |  |
| --- | --- | --- | --- |
| **Date RISQ raised:** |  | **Purchasing Business Unit:** |  |
| **Finance Officer:** |  | **Email:** |  |
| **Signature:** |  |

|  |  |
| --- | --- |
| **This form should be forwarded to:**Occupational Health Nurse AdviserHealth, Safety and Wellness DivisionBuilding 69, Level 6St Lucia Campus email ohna@uq.edu.au | **HSW Authorisation****Advisor****Date** |