**Return to Work Form**

|  |
| --- |
| **Self-Certification** (to be completed by the employee for each episode of sickness absence and sent to their line manager) |
| Name of Employee: |  | Job Title: |  |
| Ward/Dept: |  | Division: |  |
| First day of absence |  | Last Day of absence  |  |
| Absence Certification: Self certification Fit NoteYou can self-certify for absences up to and including 7 calendar days. Thereafter, on the 8th day off continuous absence a Fit Note from your GP (or other Healthcare professional\*) is required to cover the period of absence from day 8 for the remaining period of absence.  |
| Reason for your absence: (please include any details regarding steps taken to assist recovery or reduce likelihood of re-occurrence e.g., medication, treatment plans etc.) |
| Did you consult a doctor or health specialist?  Yes No |
| Absence due to an accident/injury at work  Yes No  |
| Did you undertake work of any type paid or unpaid during your period of sick absence? If yes, please provide details: Yes No  |
| Are you taking medication or undergoing any treatment which may impact on your my ablitiy to perform your duties. If Yes please provide details: Yes No  |
| I am fit and able to conduct all aspects of my duties  Yes No |
| I confirm that the details provided are accurate. Please note that failing to provide accurate information or following the Attendance Management policy may result in non-payment of Statutory and Occupational sick pay and may also result in action under the Disciplinary Policy Employee Signature: ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

 **Return to Work Interview**

|  |
| --- |
| **Return to Work Interview date:**(to be conducted by line/shift manager within 24 hours of return to work in discussion wwith employee. |
| Total number of calendar days absent |  | Total number of episodes in the last 12 months |  |
| **Fit Note**Where a Fit Note has been provided are you content that the fit note is genuine (guidance is available in the Attendance Management Policy). If you are in doubt the employee is required to provide another Fit note Yes No |
| Discuss and record the reason for the employees absence with. Please consider the following points in your discussion:* Any treatment sought ot undertaken?
* Discuss the reasons for the employees absence with them and confirm the number of absences in the last 12 months.
* Any underlying health conditions/circumstances which may affect regular and sustained attendance?
* Has the employee provided details which may require a risk assessment eg certain medical conditions or pregnancy for further information consult your People Advisor.
* Does a referral need to be made to occupational health e.g. if the individual is unable to perform any of their duties, if returning to work after a musculoskeletal problem and the job involves manual handling, or if returning to work after a stress related illness or a phased return.
* Sign post to Trust Wellbeing initiatives or services - further information is available from your People Advisor
* Consider any further actions required including those under stages 1-4 of the attendance management policy
 |
| Is the absence the result of an indistrial injury at work? If yes complete provide details and complete a DATIX and inform your People Advisor  Yes No |
| Is the employee already in a monitoring period? Yes No If yes, what stage? 1 2 3 Date stage commenced \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Does this episode trigger a stage in the attendance management policy and procedure? Yes No If yes, what stage? 1 2 3 4 |
| Line/Shift manager signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Ensure you update Health Roster and inform the employee that a copy of the self certification form and Return to work form will be retained on their personal file.** |

**\*Healthcare professionals who can provide fit notes are: doctors, nurses, occupational therapists, pharmacists and physiotherapists.**