

Appendix A – Return to Work form Welcome back meeting

To be completed for EVERY episode of sickness absence, including part days. For absences of up to 7 calendar days, this form will also act as the self-certification form. For absences of 7 calendar days or more, the member of staff must also provide Statement of Fitness for Work (Fit Note).

Part 1 – To be completed when the employee first reports their sickness absence

Name:					
Job Title:			Ward/ Department:		
Absence reported to:		Time:		Date:	
Reason for absence: (list symptoms <u>and</u> causes)					
First day of illness:				First day of absence:	
If the employee attended work, what time did they leave				What shift were they working:	
Adjustments considered to allow the employee to attend work if appropriate (e.g. reduced shift length, alternative duties, alternative work location)					
Date of expected return to work:					
Agreed method and frequency of contact:					
Early interventions to discuss during initial phone call (refer immediately if required): <ul style="list-style-type: none"> • <i>Occupational Health (for stress absence, if work related stress, also consider completion of a stress risk assessment)</i> • <i>Fast-Track Physio for MSK – referral form via link below: (http://intranet.sath.nhs.uk/therapy/physiotherapy/Fasttrackphysio.asp)</i> • <i>Care First Employee Assistance programme (0800 174319) www.carefirst-lifestyle.co.uk (username: sath pw: employee)</i> 			Occupational Health		Yes / No / Declined
			Fast-Track Physio		Yes / No / Declined
			Care First EAP (self referral)		Yes / No / Declined
Does the employee hold additional employment either inside or outside the Trust?			YES / NO If yes, is it appropriate for the employee to undertake work in other post? Add details		
If diarrhoea/vomiting have IPC confirmed outbreak on ward/department at the time of absence?			Yes / No		
Additional Notes / Comments:					

Part 2 – To be completed when the employee returns to work

Last day of illness:		Return to Work Date:	
Total number of working days of absence for this episode: (if over 7 calendar days fit note required)			
Does the employee believe the absence is the result of an injury at work, or work-related accident or illness?		Yes / No If no, move to summary below	
Datix No:		Reported to HSE under RIDDOR	Yes / No
Is the absence the result of an accident where damages may be claimed from a third party (e.g. road traffic accident, professional sport injury)?		Yes / No (If yes, please give further details and notify pay services)	
Food Handlers: if the employee is classed as a Food Handlers (directly touches surfaces that food is handled) – Please refer to IPC flowchart and complete risk assessment in completing their welcome back meeting: X:\Workforce\ManagersResources\Managing Attendance & Employee Wellbeing\Food Handler Risk Assessment and Process when D&V Symptoms			

Summary of Sickness Absence in Previous 12 Months

Dates of Absence	No. working days/shifts:	Reasons for absence:	Stage of Procedure / Pattern Identified (if applicable)

To be completed if the individual has triggered a stage of the sickness absence procedure, *(please refer to the wellbeing wheel and Framework for Supportive Conversations on the Managers Resources Folder or Intranet)*

Already in a monitoring period?	Yes / No	Stage:	Informal/Formal	Date Discussion took place:	
Does this episode trigger a review?	Yes / No	Start Date of targets (day of return):		End Date of targets:	
If attendance at work does not improve, the individual will reach the trigger point for the next Stage once the following number of episodes is reached:					Episodes AND/OR

AND/OR

The individual will reach the trigger point for the next Stage if the following pattern of absence continues:	
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Next steps for supporting individual wellbeing and improving attendance

Individual given copy of wellbeing wheel for completion prior to meeting	Yes - Date given: Not applicable
Discussion arranged to review wellbeing wheel and action plan.	Yes - Date for meeting: Not Applicable
Referrals required to Occupational Health or Fast Track Physiotherapy? Is a stress risk assessment required?	Yes / No If yes, provide details
Individual provided with details of support agencies they may approach (e.g. Care First EAP, Disability Employment Advisory Service, Job Centre Plus, Remploy, Access to Work, Moodzone, MIND etc.)	Yes / No If yes, provide details
<i>If there is a likelihood that the condition will recur, require further treatment or become part of an ongoing health condition, please detail the agreed support arrangements in the wellbeing action plan and agree a date for reviewing this with the individual.</i>	
Additional Notes / Comments:	

Employee Declaration

I certify that I have been unable to work during the above period due to sickness that I am now fit for work and the content of this form is an accurate account of the welcome back meeting.			
Signature:		Date:	

Manager Confirmation

I certify that this form represents an accurate account of the welcome back meeting.			
Manager Signature:		Date:	
Absence opened and closed on ESR / E-Rostering (tick box and date when complete)			

Please retain this form on the personal file. If new targets at Informal or Formal stage have been set, a copy MUST be given to the employee.