# A black and blue sign with white text  Description automatically generatedAppendix 2

**SELF CERTIFICATION OF SICKNESS ABSENCE FORM**

This form must be completed for any sickness absence of up to 7 calendar days in a row, including weekends and/or bank holidays. Absence lasting 8 calendar days or more require you to submit a Fit Note (fitness to work certificate) .

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| **Surname**  | **First Name** |
| **Payroll****Number**  | **Department** |

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| **About Your Sickness** |  |
| **Date you became unfit for work** |
| **Date fit for work** |  |
| **Reasons for absence** |  |  |
| **Notification made to****(name)**  | **Date** |
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| **Have you consulted a GP or visited a hospital?** | Yes / No |
| **Have you been prescribed medication?** | Yes / No |
| **Were you issued with Fitness to Work Certificate?** | Yes / No |

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| **Was the absence a result of an accident at work or as a result of****industrial disease?** Yes / No**If yes, please give details****Have you reported the accident?** Yes / No**Please provide any additional information****Was the absence as a result of an accident outside work?** Yes / No |
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| **I declare that the information given is correct. I understand that giving false information could result in the loss of sick pay benefits and/or disciplinary action and/or action by the Department of Work and Pensions****Employees Signature** |
| **Date** |  |
|  |

# Appendix 3

**Return to Work Meeting Form**

All employees should answer sections A and B. If the employee has been off with a physical illness they should also complete section C also and if they have been off with an illness relating to their mental health they should complete section D.

It may be appropriate to answer both sections C and D.

# Section A:

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| --- | --- |
| Employee Name: | Employee Job Title: |
| Return to Work Manager Name: | Return to Work Manager Job Title: |
| Absence start date: | Absence end date: |
| Reason for absence: |
| Total number of days sick (including weekends): | Total number of days sick in the last 12 months: |
| Total number of sickness occasion in the last 12 months: | Has the employee hit any sickness absence trigger points? |
| If the employee has not hit a sickness trigger will they on their next occasion of absence? | Was the correct reporting procedure followed? |
| Has the employee completed a self- certification form? | Additional comments. |

**Section B:**

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| How are you feeling now? Are you fit enough to be back at work?(Is this subject to any reasonable adjustments such as a phased return? If so please detail) |

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| How do you feel about being back at work? Do you have any worries? |
| Did you attend a hospital, clinic or GP practice? |
| Are you taking any medication? If so, will this affect you at work have any side effects I should be aware of? |
| Are there any follow up appointments needed? |
| Are there any problems relating to your illness/injury that may affect your ability to perform your job? |
| Do you need an occupational health referral? |
| Are there any adjustments we can make to help you in your return to work and maintain your attendance? |
| Do you feel the absence is connected to work in any way? |

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| Are there any activities you have been undertaking to maintain your health which you need to continue now you are back at work? |
| Is there any extra support you need from your manager? |
| If absence is sensitive agree what to communicate to the team regarding the absence if they wish to disclose anything. |

**Section C:** *Physical Illness (see guidance at the top of page)*

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| Is the condition one which is ongoing? |
| If the condition is not ongoing – are you fully recovered? |
| Was the absence an infectious illness? If so have they had sufficient time off in line with infection prevention? (This would be absences such as diarrhoea and vomiting, chicken pox, influenza) |
| Is the absence a musculoskeletal illness? If so discuss an occupational health referral for advice and a work place assessment. |

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| Was the absence related to an accident at work? If so does it need reporting? |

**Section D:** *Mental health (please see guidance at the top of page)*

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| How does your mental health affect you so we can look out for signs? Discuss how this may affect their work and agree how you will work together to manager that.(Consider completing a Wellness Action Plan together, you can find one [HERE](https://www.mind.org.uk/workplace/mental-health-at-work/taking-care-of-your-staff/employer-resources/wellness-action-plan-download/) or ask the HR department) |
| Are there any issues at work which are causing you stress or worry? Agree what support will be put in place if so. |
| Are there any difficulties outside of work that are contributing to your absence that you wish to discuss? Signpost to any support that may be available. |
| Are there any workplace triggers that cause you to have poor mental health or stress? Agree how the triggers will be managed if so. |
| Is there anything you can do at work to support your own mental health? |
| Remind the employee that there are mental health first aiders within the ICB who they can speak to and also that counselling is available through occupational health. |

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| **Additional Comments:** |

Employee Signature: Date:

Return to Work Manager Signature: Date: