**SELF-CERTIFICATION AND RETURN TO WORK INTERVIEW FORM**

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|  | | | | | | | | | | |
| Name | |  | | Employee number | | | | |  |  |
|  | | | | | | | | | | |
| Department | |  | | Location | | | | |  |  |
|  | | | | | | | | | | |
| Absence start date | |  | | Absence end date | | | | |  |  |
|  | | | | | | | | | | |
| Self-certification ***(to be completed in conjunction with your manager during the return to work interview)***  **If your sickness exceeds 7 days, this form must be accompanied by a fit note supplied by your doctor, as evidence that you were unfit for work** | | | | | | | | | | |
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| Reason for absence and symptoms | | |  | | | | | | |  |
|  | | | | | | | | | | |
| Did you see a doctor or visit a hospital? | | | Yes  No | | |  | | | | |
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| If yes, give name/address of doctor or hospital | | |  | | | | | | |  |
|  | | | | | | | | | | |
| State treatment by doctor/hospital | | |  | | | | | | |  |
|  | | | | | | | | | | |
| If no, describe any treatment/medicine taken — what effect does this have on your ability to work? | | |  | | | | | | |  |
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| Return to work discussion | | | | | | | | | | |
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| Welcome back — are you now able to carry out your role? | | | Yes  No | | |  | | | | |
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| Is there likely to be further absence from this condition? (If yes, please discuss further) | | | Yes  No | | |  |  | | |  |
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| Were proper notification procedures followed? (If no, explain procedures and possible action) | | | Yes  No | | |  |  | | |  |
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| Are there any patterns/re-occurring reasons? (If yes, detail) | | | Yes  No | | |  |  | | |  |
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| Are there any concerns about work (if appropriate)? (If yes, detail) | | | Yes  No | | |  |  | | |  |
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| Are any adjustments required (if appropriate)? (List) | | |  | | | | | | |  |
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| Number of days off sick for this absence | | |  | | | | | | |  |
|  | | | | | | | | | | |
| Number of days off sick in the previous 12 months | | |  | | | | | | |  |
|  | | | | | | | | | | |
| If appropriate, does this sickness absence require further attention/cause for concern? (If yes, ensure understanding of next steps including risk of discipline) | | | Yes  No | | |  | | | | |
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|  | | | | | | | | | | |
| Details of discussion re: next steps including verbal warning (if applicable) | | |  | | | | | | |  |
|  | | | | | | | | | | |
| Occupational health referral necessary? (If yes, refer to HR to arrange) | | | Yes  No | | |  | | | | |
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| **Details of return to work interview conversation**  (Detail any discussion arising from the above questions) | | | | | | | | | | |
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| **Authorisation**  For completion by line manager | | | | | | | | | | |
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| Line manager (name in capitals) | |  | | | Signed | | |  | |  |
|  | |  | | |  | | | | | |
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| **Declaration**  For completion by employee | | | | | | | | | | |
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| I understand that if I provide inaccurate or false information about my absence it may, depending on the circumstances, be treated as gross misconduct and result in my summary dismissal from the company.  I understand and agree to the actions that have been agreed at this meeting in relation to my absence. | | | | | | | | | | |
| Signed (Employee) | |  | | | Date | | |  | |  |
|  | | | | | | | | | | |
| *Retain a copy of this form for your files* | | | | | | | | | | |