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

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| Name |       | Employee number |       |  |
|  |
| Department |       | Location |       |  |
|  |
| Absence start date |       | Absence end date |       |  |
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| 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 |       |  |
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| Did you see a doctor or visit a hospital? | Yes [ ]  No [ ]  |  |
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| If yes, give name/address of doctor or hospital |       |  |
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| State treatment by doctor/hospital |       |  |
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| 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 |       |  |
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| Number of days off sick in the previous 12 months |       |  |
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| 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) |       |  |
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| 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 |  |  |
|  |  |  |
|  |
| **Declaration**For completion by employee |
|  |
| 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* |