

Treetops Hospice - Back to Work Interview Record

(to be completed in conjunction with the self-certification form and returned to hr)

**DEPARTMENT: …………………………… NAME OF EMPLOYEE: .…………………………**

**1st Date of Absence ……………… Date RETURNED TO WORK………………………**

|  |  |  |
| --- | --- | --- |
| **1. How is the employee feeling and are they fit to resume their duties?** | **YES**[ ]  | **NO**[ ]  |
| **Comments:** |
| **2. Are any adjustments required to facilitate a full return to work?** | **YES**[ ]  | **NO**[ ]  |
| **Comments:** |
| **3. Ask the employee to complete the self-certification form and counter-sign this. Please note below any significant issues discussed** |
| **Examples:*** **Reason for absence**
* **Was a GP consulted**
* **Has a work related reason**

 **contributed to this absence*** **Is the absence related to an**

 **under-lying health condition*** **Was absence due to an accident**
* **Is any on-going treatment required**
* **Has a pattern been noted in**

**relation to this and/or previous absences** | **Comments** |
| **4. Number of Occasions of Absence in Rolling 12 months**(Obtain details from HR) |  | **Number of Days of Absence in Rolling 12 months**(Obtain details from HR) |  |
| **5. Is Absence Monitoring Triggered by this absence** | **YES**[ ]  | **NO**[ ]  | **Date of Absence Monitoring Meeting arranged (if applicable)** |  |
| **6. Is a period of Absence Monitoring in place now** | **YES**[ ]  | **NO**[ ]  | **Date of next Absence Review Meeting arranged**  |  |
| **EMPLOYEES SIGNATURE** | **DATE** | **MANAGER’s SIGNATURE** | **DATE** |
|  |  |  |  |

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