**RETURN TO WORK INTERVIEW**

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| **SECTION 1: For completion by the Business Unit Head** | |
| Employee name: | Job title: |
| Department: | |
| First day of absence: | |
| Date returned to work: | |
| Total days absent from work: | |
| Reason given for absence: | |
| Date, time and method of notification: | |
| Sickness Absence Process followed correctly: **\***Yes / No (if ‘No’ please detail and discuss within interview) | |
| Expected date of return: | |
| Is absence due to an injury at work? | **\***Yes / No |
| If accident at work, has an accident form been completed? | **\***Yes / No |

\*Delete as appropriate

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| **SECTION 2: RTW DISCUSSION RECORD NOTE – for completion by the Business Unit Head**   * Discussion regarding absence and health status * Any work related issues that may have contributed to the absence (if relevant to absence) * Any preventative measures that can be taken (if relevant to absence) * Highlight any trends/patterns identified with the employee * Discuss trigger points (employee awareness) from the Sickness Absence Policy | |
| I confirm that the above notes represent an accurate record of the issues discussed and the actions undertaken/recommended. | |
| Name: | Signature |
| Department: | Date: |

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| **SECTION 3: For completion by employee** | |
| Date on which you became unfit for work: | |
| Date on which you became fit for work: | |
| Actual day and date of return to work: | |
| What was the nature of your sickness? | |
| Have you seen a doctor / dentist? | **\***Yes / No |
| Are medical certificates attached? | **\***Yes / No |
| I confirm that the attached sickness summary is an accurate record of my absence history and that the interview notes above are an accurate record of the issues discussed. In addition, I wish to comment as follows: | |
| I declare that the above statement is accurate and understand that to give false or misleading information may result in dismissal. | |
| Name: | Signature: |
| Department: | Date: |
| **Data Protection**  The Company processes the information provided on this form and on medical certificates for the purposes of meeting its legal obligations. In particular, individual data are disclosed to line managers for the purpose of responding appropriately and fairly to an individual's overall level of sickness absence and for the appropriate management of their health and safety at work. | |

\*Delete as appropriate ere