**Return to Work Meeting Template**

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| **Privacy Policy – Collection of personal data**The collection of personal data recorded must meet the General Data Protection Principles (2018)**What data is being collected and why?**Absence dates and medical information are collected based on details discussed in the return-to-work interview. The company has a legitimate interest in employees in ill health to support employees. Also to monitor employee attendance.**How will the data be held and who has access?**The information will be held securely in a cloud-based server and will only be accessed by Management and Breathing Space HR. **When will the data be removed?**The information will be held for up to six years after your employment ceases with the company for legal purposes. **Concerns and access?**If you have any concerns regarding the security of your information, please get in touch with the data protection officer. All employees have the right to see what information is held ; ift them, if you wish to see this documentation and the right to amend the information incorrectot correct, please send your request in writing to the data protection officer. |
| **Employee’s Name:** | **Manager’s Name:** | **Date of Meeting** |
| **Period of Sickness:** |
| **From:** | **To:** |
| **Absence - less than 7 calendar days** **Has the self-certificate been received? Yes/No** | **If not, why?** |
| **Absence - more than 7 calendar days****Has the fit-for-work certificate been received? Yes/No** | **If not, why?** |
| **Reason for absence (c*ircle the applicable*): Personal Sickness / Caring for dependants** |
| **Details around the reason for the employee’s absence:** |
| **Did the employee notify us of their absence on the first day? Yes / No****(if no - please describe reasons below)** |
| **Was the absence related to work /or an injury at work? (provide details / has this been recorded?)** |
| **Did the employee need to consult their GP?** | **Yes / No** |
| **Did the GP make any recommendations on a “fit note”? (describe below)** |
| **Is the employee receiving any medication/ treatment?** |
| **No. of working days/hours lost during this absence:** | **No. of working days/hours lost in last 12 months:** | **No. of occasions of sickness absence in last 12 months:** |
| **No of company sick pay days used in rolling 12 months:**  | **No of company sick pay days remaining in rolling 12 months:** |
| **Employees Bradford calculation and score:** | **Which threshold has been reached?**  |
| **Is a formal meeting required: Yes/ No?****If no – summarise the informal discussion below:** |
| **Please describe any actions to be taken to support the employee’s return*** **Ask the employee what they think will support them**
* **Consider variations to work, hours, type of duties, and level of workload – short-term or long term**
* **Consider planning regular reviews with employee**
* **Consider external support**
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| **Was the absence attributed to difficulties at home? Is the employee willing to discuss these?** |
| **Was the absence related to other occasions of absence / Does the employee foresee further absence for this reason?** |
| **Are there any other issues regarding absence that need to be discussed?** |
| **I confirm that the return-to-work meeting was held, and the details in this document truly reflect the meeting.** |
| **Managers signature** |  | **Date** |  |
| **Employees signature** |  | **Date** |  |