**Selft Certification Template**

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| This form is required to certify periods of absence due to illness or injury where no doctor's statement is needed as the absence has been for a period of 7 days or less.  **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' 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 in a secure server and will only be accessed by Directors, your own manager 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 contact the Data Protection Officer. All employees have the right to see what information is held about them; if you wish to see this documentation and the right to amend the information if it is incorrect, please send your request in writing to your Data Protection Officer. | | | | | | | | |
| **Personal Details (please use BLOCK CAPITALS)** | | | | | | | | |
| **Title:** |  | **Full Name:** |  | | | | | |
| **Job Title:** |  | | | | | | | |
| **Period of Sickness** | | | | | | | | |
| **FROM:**  The first day on which you were sick | | | | …………  **(Day)** | **Day** | **Month** | | **Year** |
|  |  | |  |
| **TO:**  The final day on which you were sick or (if sickness is continuing) the seventh consecutive calendar day sick | | | | …………  **(Day)** | **Day** | **Month** | | **Year** |
|  |  | |  |
| **Details of Sickness** | | | | | | | | |
| **Please give a brief indication of the reason for your absence:** | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
| For each question, please delete either 'YES' or 'NO' as appropriate: | | | | | | | | |
| **Is the absence because of an injury sustained while at work?** | | | | | | | YES/NO | |
| If you answered 'YES' above, you should complete an Accident Report form. | | | | | | | | |
| **Do you consider yourself to have a disability?** (As defined in accordance with the Equality Act 2010) | | | | | | | YES/NO | |
| **Is the absence a result of your disability?** | | | | | | | YES/NO | |
| **Employee Declaration** | | | | | | | | |
| I declare that the above information is, to my knowledge, correct and I understand that it will be used in the calculation of my sick pay and may affect the payment negatively if incorrect. | | | | | | | | |
| **Signed**: ………………………………………………………….. | | | | | | | | |
| **Declaration by Manager** | | | | | | | | |
| I certify that the signatory has completed this certificate and that the signatory was absent from work for the period shown above. | | | | | | | | |
| **Signed**: …………………………………………………………… | | | | | | | | |