



'We care conversation' FORM

SECTION ONE: ABSENCE DETAILS

Name: _____

Job title: _____

Dates of absence: From: _____ To: _____

Reason for absence _____

Has a medical certificate and leave form been provided? Yes No

SECTION 2 - DISCUSSION

Date of meeting:

TOTAL ABSENCE OVER LAST 12 MONTHS: *(including this period of absence)*

No. of occasions: _____ Total days (or hours for part time staff) lost: _____

If the employees sick leave is exhausted have they completed a temporary incapacity leave form? Yes / no

Explore absence

- How are you now and are you able to carry out normal hours and duties?
- Did you consult a Doctor or other medical practitioner?
- Have you suffered from this complaint before?
- Has the GP made any recommendations on your medical certificate with regards to your return to work?
- Are you on any medication which may affect your performance or impact on your ability to carry out your role?

Review of absence and support

- What was the possible cause of your sickness absence and what action have you taken to avoid any future occurrence (work/accident or personal)?

- Discussion with any links of previous absence and set out expectations
- Do you feel that there is anything we can do to support you? Explore possible referral to Occupational Health and advise of support services available.

Update on work during period of absence, e.g. announcements, etc:

SECTION THREE: NEXT STEPS

Summary of action points (if applicable) agreed and any other comments:

Review date for agreed actions:

Principals name: _____

Principals Signature: _____

Employees name: _____

Employees Signature: _____



BETTER TOGETHER.