

NWSSP (on behalf of Velindre NHS Trust)
RETURN TO WORK INTERVIEW FORM

This form must be completed by the manager or designated deputy on each occasion of employee absence and retained by the manager.

Name of Employee:..... Job Title

Department Directorate

Period of Absence Self Certificate Completed Yes/No(must be completed from day 1 of absence)

Number of Consecutive Days G.P. **Fit Note** Received Yes/No/Not Required
Number of Hours Lost

Date of Return

Date of Return to Work Interview Conducted by

Employee must be seen promptly on return to work, preferably on the first day on a face to face basis.

Reason for absence as stated by employee

Is the absence work related/ Yes/No

Is this absence pregnancy related Yes/No

(If absence is pregnancy related a risk assessment must be undertaken)

Is the employee now fit to fulfil all duties Yes/No

Was the absence related to any previous absence Yes/No
(please give details)

Is it likely to recur Yes/No

Did the employee see a doctor Yes/No

What advice (if any) was received

Are there any underlying problems relating to the absence and can any assistance be given to the employee by the Health Board.

Does the employee have any comments to make about work related concerns, which may have a bearing on the sickness absence

Any other comments/recommendation/action required

Has the employee been referred to the Occupational Health Yes/No

SIGNED (EMPLOYEE) DATE

SIGNED (MANAGER) DATE