

## SELF CERTIFICATION SICKNESS FORM

You are required by your Conditions of Service to complete this certificate to cover your period of absence due to sickness or injury (including third party claim) from the first day of absence.

### Part 1 (to be completed by employee)

Name (in full): ..... Position.....

Address:..... Directorate..... Dept.....

..... Employee No.....

### Part 2 (to be completed by employee)

<u>Period of sickness/injury</u>	<u>Date</u>
First actual day of *sickness/injury	.....
Last day of *sickness/injury (Where the absence is not more than 7 calendar days) (include all days that you were unfit to work even if you were not normally working those days)	.....
Expected date of return (if known)	.....
Do you consider absence to be work related	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is this absence related to a disability as defined in the Equality Act 2010	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>N.B: If absence continues after 7 calendar days, a Fit Note will be required</b>	
<b>Reason</b> (give broad indication of nature of sickness/injury. This is not intended as a medical diagnosis (if third party claim e.g. RTA please indicate) .....	

### Declaration (to be signed by employee)

**I confirm that:-**

a) I have not worked or taken part in any activity not consistent with the reasons given for my absence.

b) I am now fit to return to duty.

I declare that the above statement is true and accurate to the best of my knowledge. The implications of wilfully giving false information are governed by Agenda For Change Terms & Conditions of Service and I understand that I could also lose sick pay as a result of such action.

Signed: ..... Date:.....

### Part 3 (to be completed by the Manager)

I confirm that the absence is in accordance with sickness regulations and that the above information is correct.

Signed: ..... Date: ..... Position .....