

## RETURN TO WORK INTERVIEW FORM

Please note that the information on this sheet is likely to be considered as sensitive data and as such needs to be processed under the provisions of the Data Protection Act. Therefore information contained in the document must be treated as strictly confidential and kept in a secure location.

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<b>NAME:</b>		
<b>DEPARTMENT:</b>		
<b>MANAGER:</b>		
<b>DATES OF ABSENCE</b>		
<b>FROM:</b>	<b>TO:</b>	<b>TOTAL DAYS:</b>
<b>REASON FOR ABSENCE:</b>		

<b>DID EMPLOYEE NEED TO SEEK MEDICAL ATTENTION FOR ILLNESS?</b>
<b>HAVE THEY SUFFERED FROM THIS TYPE OF ILLNESS IN THE PAST YEAR? IF SO WHEN AND HOW LONG?</b>
<b>DO THEY FEEL FULLY RECOVERED FROM ILLNESS TO RETURN TO WORK?</b>

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**ANY ISSUES THE EMPLOYEE WISHES TO RAISE FOLLOWING RECENT ABSENCE?**

**ANY ISSUES WHICH THE EMPLOYEE NEEDS TO BE AWARE OF WHILST THEY WERE ABSENT?**

**DOES THE EMPLOYEE FEEL THAT THERE IS ANY SUPPORT THEY REQUIRE ON RETURNING TO WORK? IF SO, WHAT SUPPORT?**

**SIGNATURE OF EMPLOYEE:**

**DATE:**

**SIGNATURE OF MANAGER:**

**DATE:**