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| LONG TERM ABSENCE REVIEW MEETING  *Note; A copy of this form may be shared with the individual upon request* |

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| **PART A: EMPLOYMENT DETAILS** | | | |
| **Date of Meeting:** | Click to enter date of Meeting. | | |
| **Name of Employee:** |  | | |
| **Staff Number:** |  | | |
| **Location of Meeting:** | On site  Home visit  Other | | |
| **Faculty:** | Select Faculty. | | |
| **School/Directorate:** | Select School/Directorate. | | |
| **Centre/Department:** | Select Centre/Institute/Department | | |
| *Other* |  | |
| **Attendees:** | Manager Name: | |  |
| Name of Trade Union Representative: | |  |
| Other: | |  |

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| **PART B: ABSENCE DETAILS** | | | |
| **Date of Absence:** | Wednesday 23 May 2018 | | |
| **Recorded reason for absence:** |  | | |
| **Date Current Line expires** | Wednesday 23 May 2018 | **Date of half pay:**  **Date of no pay:** | Wednesday 23 May 2018  Wednesday 23 May 2018 |
| **Referred to OH:** | Yes  No | **Date last reviewed at OH:**  **Date report received**: |  |

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| **PART C: ENGAGE AND EXPLAIN** |
| 1. Introductions 2. Explain purpose of the meeting   This meeting is being held in accordance with Section 5.1 of the Sickness Absence Procedure. The purpose of the meeting is to provide an opportunity to discuss the employee’s current absence, to ascertain progress and the likely duration of absence and to determine whether there is any support that can be provided to facilitate a return to work in the near future.   1. Convey good wishes from colleagues and provide a brief update on key changes within the department 2. Explain that you will be asking questions to ascertain as much information as possible in the circumstances to allow you to consider how best to facilitate a return to work or to facilitate support throughout a continued absence. |

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| **PART D: EXPLORE ABSENCE DETAILS** | | | |
| Reason for absence;  *Note: If the medical certificate states general debility, you are required to establish the exact reason for absence and update HRBP.* |  | | |
| Current symptoms experienced: |  | | |
| Discuss the outcome of most recent Occupational Health report (if applicable).  Did the employee agree with the medical opinion from OH?  If no, clarify which sections not agreed and why. |  | | |
| Update on current medical Position: | Is the employee currently accessing treatment? | Yes  No | |
| GP & Specialist opinion  (if applicable) |  | |
| What is the expected duration of incapacity? |  | |
| Is a further programme of treatment/appointments planned? |  | |
| Does the employee note any improvement in their condition since date of absence or last meeting? | Yes  No | If yes, outline improvements noted: |  |
| Are there any queries or concerns from the employee about their current absence and returning to work? |  | | |
| ***Note:******where issues regarding working relationships are raised as a factor in sickness absence or returning to work, you should consider methods of resolution. If appropriate, the University offers an Internal Staff Mediation Service. To request mediation an email should be sent to*** [***mediation@qub.ac.uk***](mailto:mediation@qub.ac.uk) ***including name and contact details.*** | | | |

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| **PART E: EXPLORE RETURN TO WORK** | | | | |
| Ascertain when the employee feels a return to work will be likely? |  | | | |
| Outline GP & Specialist opinion as to when they may be able to return to work (if applicable)  *Note; This must be included for the next OH referral.* |  | | | |
| Ascertain from the individual if there is any additional support, the University can offer to facilitate a return to work? | Yes | No | If yes, outline support requested: |  |
| Ensure you have made the employee aware of the University support services to include;  (This is not an exhaustive list) | [*Occupational Health Service*](https://www.qub.ac.uk/directorates/HumanResources/RewardandEmployeeRelations/OccupationalHealth/)*provides a wide range of services to the University and staff. Completed referrals should be forwarded to the relevant HR BP for processing.* | | *Staff Wellbeing website, provides a monthly schedule of* [*health and wellbeing events*](http://www.qub.ac.uk/sites/wellbeing/NewsandEvents/)*.* | |
| [*Staff Counselling*](https://www.qub.ac.uk/directorates/HumanResources/RewardandEmployeeRelations/OccupationalHealth/StaffCounselling/)*provided by Inspire Wellbeing 0800 389 5362. This is a free confidential and independent counselling service available to all Staff.* | | *Wellbeing Training Mood Matters delivered by Aware NI for all staff on the importance of positive mental health.* | |
| *Physical Activity Programme available through Staff Wellbeing and Queens Sport.* | | *Nightingale Holistic Therapies promotes wellbeing by providing on-site massage therapies at a discounted price for staff.* | |
| Establish if there any adjustments that could facilitate a return to work now or in the near future?   * *Phased return to work;* * *Part time working;* * *Change in duties or temporary reallocation of work duties;* * *Use of accrued annual leave to facilitate temporary reduction of hours.* |  | |  | |
| ***Note; You are responsible for actioning suitable adjustments. Ensure you have consulted with the employee as to what would facilitate a return to work.*** | | | | |

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| **PART F: NEXT STEPS** | | |
| **Agreed date of return to work or agreed date for next review meeting:**  *Note; It is important that you maintain regular contact throughout the period of absence.* | Click to enter date of Meeting. | |
| **Agreed action points/next steps:** | Re-referral to Occupational Health | Adjustments agreed  Phased return to work  Alternative Support |
| **Any other matters raised;** |  | |

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| **Signature** | |
| **Print Name:** |  |
| **Position:** |  |
| **Signature:** |  |
| **Date:** |  |