**Return to Work Form**

Return to Work (RTW) is designed as a guide and prompt for good practice for Archdeacons when meeting with clergy on return from sickness absence; a return to work meeting should be undertaken after every period of absence lasting more than a week and will be varied in style and could be conducted over the phone or in person depending on the circumstances.

The RTW Interview is designed to support clergy in their return to work. It is important that these discussions are conducted in a confidential, supportive and constructive manner, and as soon after the return to work takes place.

Clergy should have logged their absence and if they are absent for longer than seven continuous calendar days they must have provided a medical certificate(s) to cover them.

When this has been completed, please send to HR for their records

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**Return to Duties Form**

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| --- | --- |
| **Clergy Name:** |  |
| **Post:** |  |
| **Parish:** |  |
| **Date:** |  |
| **Person conducting interview:** |  |

**Section 1: Absence Details (Complete before the meeting)**

|  |  |  |
| --- | --- | --- |
| 1. **Date of Absence:** | **From:** | **To:** |
| 1. **Number of working days lost** |  | |
| 1. **Date of Return to Work:** |  | |
| 1. **Did the member of clergy follow the correct absence reporting procedure? (if no, why not)** |  | |
| 1. **If absence is for more than 7 days, has a Doctor’s note been received?** |  | |
| 1. **What reason was given for the absence in the initial phone call/email?** |  | |
| 1. **Dates of absence in last rolling 12 month period?** |  | |

**Section 2: The Interview**

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| 1. **What was the reason for your absence?** |
| 1. **How are you today?** |
| 1. **Are you able to carry out your normal hours and duties?** |
| 1. **Was the absence related to an accident at work? (Y/N) If Y please detail** |
| 1. **If applicable, was an accident or incident report form completed? (if not, why not)** |
| 1. **Did you consult your GP or other medical practitioner? (please give details)** |
| 1. **Are you taking any medication? If yes are there any side effects from the medication which may affect your performance?** |
| 1. **Do you require any additional support to undertake your role at this time?** |
| 1. **Are there any issues which you wish to raise following your recent absence?** |
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**Section 3: Next Steps**

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| **Is any further action required?** | YES  See Section 17  NO | **Date:** |  |
|  | | | |
| 1. **Action points agreed, including whether a follow on meeting is proposed, and any other comments.** | | | |
|  | | | |
|  | | | |
| **Clergy signature:** |  | **Date:** |  |
| **Archdeacon’s signature:** |  | **Date:** |  |