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| Self - Certification |
| Your privacy is very important to us, so we will always keep your details secure. For information about how we use your data, please see our Privacy Notice at www.treetopshospice.org.uk/about-us/privacy-notice/ or request a hard copy from the HR/Volunteer Services Department, Treetops Hospice, Derby Road, Risley, DE72 3SS - telephone 01159 491264 |
| **This form must be completed by the employee when they return to work. However, if the employee’s absence is more than seven consecutive calendar days medical certificate(s) must also be submitted at the appropriate intervals.** |
| Employee details  |
| First Name |  | Surname |  |
| Employee Number |  | Title |  |
| Department |  | Job Title |  |
| Section |  | Location |  |
| Reason for Absence (Please tick the box to indicate the reason for your absence) |
| Illness | [ ]   | Accident that occurred whilst working for Treetops |  **[ ]**  |
| Other |  **[ ]**  | Accident that occurred outside work |  **[ ]**  |
| Details of Absence |
| **Please give the reason for your absence** |  |
| Was a GP consulted? If so, please give name & address of Doctor | Yes [ ]  No [ ]  | Are you fit to return to your normal duties? If not, please state why. | Yes [ ]  No [ ]  |
| Was your absence work related? | Yes [ ]  No [ ]  | Absence From(Time/Day/Date/Month) |  |
| Is your absence related to pregnancy? | Yes [ ]  No [ ]  | Return to Work(Time/Day/Date/Month) |  |
| First day of illness if not the same day |  | Number of working days absent to nearest ½ day |  |
| Notification Details |
| Did you notify your manager on the first day of absence? | Yes [ ]  No [ ]  |
| If absence exceeded 7 consecutive days have you submitted a medical certificate? | Yes [ ]  No [ ]  |
| If absence was due to an accident in work has it been reported to Health and Safety via an Accident Report Form? | Yes [ ]  No [ ]  |
| If you answered no to any of the above questions please provide details why not: |
| **Declaration** |
| * **I certify that the above information is true and I acknowledge that false information will result in disciplinary action.**
* **I hereby give my employer permission to verify the above information.**
* **I certify that I have been incapable of work because of my sickness/injury on the dates shown above and that I am now fit to follow my normal duties (this includes the operation of machinery, equipment, driving and working at heights as appropriate).**

Signature: ………………………………………. Date: …………………………………………… PLEASE NOTE THAT YOU MAY BE REQUIRED TO COUNTERSIGN AN ELECTRONIC SIGNATURE ON YOUR RETURNManagers Signature: ………………………………………. Date: ……………………………………………… |