

Appendix 1

Return to Work Support Form

Date:

Employee details	Assessor details
Name:	Name:
Job Title:	Job Title:
Dept:	Dept:
Line Manager:	

Role

Describe the employee's key roles and responsibilities

Demand

What are the sources of pressure in this role?

Do the employee's skills match the demands? Yes/No
If not, what are the plans for training?

Control

Does the employee have control over the piece of work and when breaks can be taken? Yes/No
If not, how could this be increased?

Other risks

Does the employee suffer from any condition that could increase the risk of stress-related illness? Yes/No

Does the employee suffer from any condition that can be classified as a disability under the Disability Discrimination Act? Yes/No

Description of the Situation

Describe the situation which led to stress for the employee. If there are personal reasons outside work which are affecting the employee's stress levels please describe.

Describe the illness, disability or reduced function that led to absence

Give details of employee's current state of health and any medical recommendations.

Give details of any relevant individual circumstances that may affect return to work

Return to Work Plan

How will the employee return to work?

How will the employee be welcomed back?

Is there a planned timescale for a phased return?

Will the employee have reduced responsibilities? If yes, give details.

How will the employee be supported in work?

(Mentoring, coaching, shadowing, training, help from colleagues)

How will the employee be supported personally?

(Employee Assistance Programme, GP, specialist help)

How and when will the employee be assessed?

Occupational health assessment date:

Manager interview date:

Performance appraisal date:

