



CONFIDENTIAL

Absence Review Form

This is the management record of a CTSN SCITT Absence Review meeting. It will be held on the trainee's file. The record may be accessed and referred to by those with authority to manage the Absence Policy. The meeting will be held in private.

Trainee's name:	Date of Meeting:
Interviewer's name:	

Details of Sickness Absence

Period of Absence:	Number of Days Absent:	
Reason(s) for Absence:		
Is absence related to a disability under the Equality Act?	Yes	No
If yes – details of medical evidence must be attached		

Details of Meeting

Key points discussed: Welcome and update, if necessary, on SCITT events and changes		
Reasons for absence – any underlying medical condition?		
Are you fully recovered and able to resume full duties?	Yes	No
If your view is "no" then action plan must consider: Referral to OH/Temporary adjustments		

Action Plan

The objective is to reach a position where your level of attendance will be 100%. Is there anything the SCITT can do to improve your attendance, eg OH referral, counselling, a review of risk assessment or temporary adjustments?

Is your absence in any way related to the course? If so, how?

Are you doing all you can to improve your attendance? Eg acting on medical advice, lifestyle choices, attention to work life balance or non-medical support such as counselling.

Is a Fit note required for any period of absence during the monitoring period?

Yes

No

Review

Your attendance will be reviewed on this date

NB: Further absence during this period may mean that the review is held under a formal procedure

You have been given an Absence Policy and the process explained

Yes

No

Tutor's Signature

Date:

Trainee's Signature

Date: