

Welfare Check

Please save this form before completing and then attach the completed document to the employees' sickness absence record on PFP.

Date:	
Time:	
Location of Meeting:	
Attendees:	
Dates of Absence:	

Take a genuine interest in the person's health and wellbeing.

How are you? How are you feeling? Are you feeling better/ worse or the same?

Prompts:

- *General mood / morale*
- *Physical health*

- If the person is feeling better, ask, 'What has helped you feel better?'
- If the person feels worse, I'm sorry to hear you are feeling worse, has anything changed to make you feel worse?

Since we last spoke what has happened? Have you had any medical appointments/ treatments?

Prompts:

- *Dates of appointment(s), Who you went to see*
- *What was the feedback/outcome of the appointment(s)*
- *Consider utilisation of internal support such as EAP, OH and physiotherapy if not being utilised*

What are you currently able to do? Is there anything from a work perspective that you think you can do, to help you phased back to work?

- *Consider shorter hours as part of phased return*
- *Temporary adjustments to role*

Is there anything that you can do or are doing that is aiding your recovery?

Prompts:

- *Encourage self ownership of their recovery*

[IF UNKNOWN TO MANAGER] What would you say is causing / impacting the reason(s) for your absence?

Prompts:

- Contributing factors from your employment i.e. role; management; a colleague; work environment etc
- Contributing factors from outside your employment i.e. relationship issues (family and/or friends); financial concerns; personal wellbeing; other

[IF APPLICABLE] Would you like to be referred for counselling, trauma support, physiotherapy or occupational health?

[IF APPLICABLE] Shall we discuss your thoughts on a phased return to work including a weekly working pattern towards resuming your normal working hours; and your duties and expectations during that time?
(Confirm date, time and location of 1st day back to work)

Any additional comments

ACTIONS	OWNER	DEADLINE DATE
