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**COMPASS GROUP UK & IRELAND**

**RETURNING TO WORK FOLLOWING AN ABSENCE, INCLUDING FROM FOREIGN TRAVEL - EMPLOYEE SELF DECLARATION FORM**

When to complete the form:

**Notification of Absence** – must be completed by the employee’s immediate manager or supervisor at the time when first notified of their absence due to injury or illness. Confirmation of Employee Absence to be completed on the first day of their return to work.

**Return from Absence Employee Self Declaration (Part A)** – must be completed by all employees before resuming work after all periods of absence due to injury or illness.

**Return from Absence Employee Self Declaration (Part B)** – must be completed (in addition to Part A) by all employees who work in catering or retail services where food is prepared or served and by employees who work in the healthcare sector, before resuming work after all periods of absence due to illness or conditions that could contaminate food or infect healthcare patients.

**Return from Foreign Travel Employee Self Declaration (Part C)** – must be completed by all employees on returning from holiday or business travel outside of Europe and North America.

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| **NOTIFICATION OF ABSENCE** | | | | | | | | | | | | | | | | | | | |
| Unit Name/Location: | | | | | | | | | | | | | | | Unit No: | | | | |
| Employee Details: | | | | | | | | | |  | Absence First Notification Details: | | | | | | | |
| Surname: |  | | | | | | | | | Person notified: | | | |  | | | |
| First Name(s): |  | | | | | | | | | Date: | | | |  | | | |
| Employee No: |  | | | | | | | | | Time: | | | |  | | | |
| **Notification details** | | | | | | | | | | | | | | | | | | | |
| Name of person who advised company of the absence: | | | | | | | | | |  | | | | | | | | | |
| Reason(s) for absence stated at the time of the first notification: | | | | | | | | | | | | | | | | | | | |
| Ask if attending: | | | | | | | | | | | | | | | | | | | |
|  | | Hospital? | | Yes | No | | Clinic/Walk-in Centre? | | | | | | Yes | No | | Doctor? | Yes | No | |
| Ask if receiving treatment / medication: | | | | | | | | | | | | | | | | | | | |
|  | | | From Doctor? | | | Yes | | No | Self-Prescribed? | | | | | | | | Yes | No | |
| Ask employee when they are likely to return to work: | | | | | | | | | | | | Date: | | | | | | | |

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| **CONFIRMATION OF EMPLOYEE ABSENCE** | | | | | |
| Date of first day of absence: |  | Return to work date: |  | Total number of days absent: *(inclusive of non-working days)* |  |

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| **RETURN FROM ABSENCE EMPLOYEE SELF DECLARATION** | | | | | |
| **Part A** – must be completed by all employees | | | | | |
| Did you attend: | Please tick Yes or No | | Dates attended | | |
| Yes | No |
| * Hospital? |  |  |  | | |
| * Clinic / Walk-in Centre? |  |  |  | | |
| * Doctor? |  |  |  | | |
| Did you receive treatment or medication: | Please tick Yes or No | |  | | |
| Yes | No |
| * From Doctor/Clinic/Walk-in Centre? |  |  |
| * Self-prescribed? |  |  |  | | |
| What was the reason(s) for your absence? | | | | | |
| What symptoms did you have? (**Words like illness and unwell are not a sufficient description**) | | | | | |
| **Part B** – must be completed (in addition to Part A) by all employees who work in catering or retail services where food is prepared or servedand by employees who work in the healthcare sector, before resuming work after all periods of absence due to illness or conditions that could contaminate food or infect healthcare patients. | | | | | |
|  | | | | Please tick Yes or No | |
| Yes | No |
| If you have had diarrhoea, vomiting, stomach pain, nausea or fever, have you been free of the symptoms for at least 48 hours? | | | |  |  |
| If you had a faecal specimen (stools sample) examined, does your manager know the result of the analysis? | | | |  |  |
| If your absence was due to a skin infection of the hands, arms or face, has this fully healed? *(e.g. boils, styes, septic fingers, discharge from eye / ear / gums / mouth)* | | | |  |  |
| If your absence was due to a discharge from the eyes, ears or mouth, has this been treated and now stopped? | | | |  |  |
| ***IMPORTANT****: If the answer to any of the above questions is ‘****NO****’ your manager must contact their HSE Manager for advice before you can commence food handling or healthcare duties.* | | | | | |
| I understand that the giving of false information in Part A or Part B of this form will result in disciplinary action in accordance with the Company Disciplinary Practice and Procedures, which could result in dismissal. | | | | | |
| Employee’s Signature: Date: | | | | | |
| Manager’s Name: | | | | | |
| Manager’s Signature: Date: | | | | | |

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| **RETURN FROM FOREIGN TRAVEL EMPLOYEE SELF DECLARATION** | | | |
| **Part C** – must be completed by all employees, before resuming work after returning from holiday or business travel outside of Europe and North America. | | | |
| Employee Details: | | | |
| Surname: |  | | |
| First Name(s): |  | | |
| Employee Number: |  | | |
| Date of proposed return to work: |  | | |
| Countries visited in the last 6 weeks: |  | | |
| Have you suffered from, or been in contact with anyone in the last 21 days who may have been suffering from any of the following diseases or conditions? | | Please tick Yes or No | |
| Yes | No |
| Typhoid, Paratyphoid, Cholera or Hepatitis A | |  |  |
| Have you suffered any symptoms of diarrhoea, vomiting or nausea within the last 48 hours? | |  |  |
| ***IMPORTANT: If the answer either of the above questions is ‘YES’ your manager must contact their HSE Manager for advice and you should seek medical advice before commencing food handling or healthcare duties.*** | | | |
| I understand that the giving of false information on Part C of this form will result in disciplinary action in accordance with the Company Disciplinary Practice and Procedures, which could result in dismissal. | | | |
| Employee’s Signature: Date: | | | |
| Manager’s Name: | | | |
| Manager’s Signature: Date: | | | |