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**COMPASS GROUP UK & IRELAND**

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

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 the UK.

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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: | | | | | | | | | | | | | | | | | | | | |
| **If any symptoms of COVID-19 have been experienced such as a high temperature, new and persistent cough or loss of sense of taste or smell then the initial date of when those symptoms started should be logged here** | | | | | | | | | Symptoms Start Date: | | | | | | | | | | | |
| 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 he / she is likely to return to work: | | | | | | | | | | | | | Date: | | | | | | | |
| **If any employee is absent due to potential COVID-19 Symptoms, they should be advised to self-isolate in line with the applicable government guidance which can be found on their COVID-19 government websites. Links to applicable pages on self-isolation are available below;**  [**England**](https://www.nhs.uk/conditions/coronavirus-covid-19/self-isolation-and-treatment/how-long-to-self-isolate/) **–** [**Northern Ireland**](https://www.nidirect.gov.uk/articles/coronavirus-covid-19-self-isolating-and-close-contacts) **-** [**Scotland**](https://www.nhsinform.scot/illnesses-and-conditions/infections-and-poisoning/coronavirus-covid-19/test-and-protect/coronavirus-covid-19-guidance-for-households-with-possible-coronavirus-infection) **–** [**Wales**](https://gov.wales/self-isolation)  Remind employee to keep you informed on a regular basis if return to work is not known at the time of notification | | | | | | | | | | | | | | | | | | | | |

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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)* | | |  | | |
| **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**) | | | | | | | | | | | | | | |
| **If you were absent due to any COVID-19 Related Symptoms, you have been living with someone with COVID-19 Symptoms or have been in close contact with someone who has tested positive for COVID-19 then please confirm here that you have completed the relevant self-isolation as defined by the current guidance;** [**England**](https://www.nhs.uk/conditions/coronavirus-covid-19/self-isolation-and-treatment/how-long-to-self-isolate/) **–** [**Northern Ireland**](https://www.nidirect.gov.uk/articles/coronavirus-covid-19-self-isolating-and-close-contacts) **-** [**Scotland**](https://www.nhsinform.scot/illnesses-and-conditions/infections-and-poisoning/coronavirus-covid-19/test-and-protect/coronavirus-covid-19-guidance-for-households-with-possible-coronavirus-infection) **–** [**Wales**](https://gov.wales/self-isolation) | | | | | | | **I confirm I have completed COVID-19 Self Isolation in line with the applicable current government guidelines based on vaccination status;**  Signed:…………………… | | | | | | | |
| **COVID-19 – Vaccination information**  Have you received a COVID-19 Vaccination? *\*This section is optional and there is no mandatory requirement to complete* | | | | | | | Date of 1st  Dose | | Date of 2nd Dose | | | Date of 3rd  Dose | | |
|  | |  | | |  | | |
| **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 the UK. | | | | | | | | | | |
| Employee Details: | | | | | | | | | | |
| Surname: | | |  | | | | | | | |
| First Name(s): | | |  | | | | | | | |
| Employee Number: | | |  | | | | | | | |
| Date of proposed return to work: | | |  | | | | | | | |
| Countries visited in the last 6 weeks: | | |  | | | | | | | |
| Manager to check the COVID-19 UK travel requirements at the current time, this [link](https://www.gov.uk/guidance/travel-to-england-from-another-country-during-coronavirus-covid-19) which applies to all UK countries. | | | | | | | | | | |
| **Is the Employee Fully Vaccinated against COVID?**  For guidance, [click here](https://www.gov.uk/guidance/countries-with-approved-covid-19-vaccination-programmes-and-proof-of-vaccination) | | | | | Yes | | | No | | |
|  | | |  | | |
| **If Fully Vaccinated, follow Entry Route 1 below; If not Fully Vaccinated, follow Entry Route 2 below;** | | | | | | | | | | |
| **Entry Route 1** |  | | Date of LFT\* / PCR\* test taken *(should be within 2 days of arrival) \*Delete as appropriate* |  | | | **COVID Test Result** | | | |
| Date of return to the UK | Negative | | Positive | |
|  | |  | |
| A confirmation email of the Negative COVID result from the Official Government Approved Testing Organisation should be shared by the employee before they return to work.  If the employee has tested positive on the Day 2 Test from an LFT then they should book a PCR to confirm their result, if both are positive then they should self-isolate for 10 days from the date of the test. If the employee has tested positive on the Day 2 Test from a PCR then they should self-isolate for 10 days from the date of the test. The dates should be noted in the ISOLATION SECTION below. | | | | | | | | | | |
| **Entry Route 2** |  | | Day 2 PCR Test Date & Result | Date | | | Negative | | Positive | |
|  | | |  | |  | |
| Date of return to the UK | Day 8 PCR Test Date & Result | Date | | | Negative | | Positive | |
|  | | |  | |  | |
| A confirmation email of the Negative COVID result from the Official Government Approved Testing Organisation should be shared by the employee before they return to work.  If the employee has tested positive on the Day 2 Test, then they should self-isolate for 10 days from the date of the test.  If the employee tested negative on Day 2 Test but then Positive on Day 8 Test, then they should self-isolate for 10 days from the date of the Day 8 test.  The dates should be noted in the ISOLATION SECTION below. | | | | | | | | | | |
| ***For Travel outside of Europe or North America the following questions should be completed*** | | | | | | | | | | |
| 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?  Typhoid, Paratyphoid, Cholera or Hepatitis A | | | | | | | Please tick Yes or No | | | |
| Yes | | | No |
|  | | |  |
| 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.*** | | | | | | | | | | |
| ***ISOLATION SECTION*** | | ***Date of Isolation Commencement*** | | | | ***Date of Return to Work*** | | | | |
|  | | | |  | | | | |
| 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: | | | | | | | | | | |