**Appendix 7**

**Informal Confidential Advisory Session**

Please **use this template to record details of the confidential advisory session. Where necessary, please use the Sickness Absence Action plan template to record details of any agreed actions.**

**Purpose of the meeting**

The purpose and style of the meeting should be a positive and constructive one. The employee should be helped and encouraged to understand that their absence levels present a problem to the Trust, and the discussion should then explore the reasons for the absence with the aim of identifying practical steps that might be taken to improve health and well-being and reduce absence levels in the future.

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| **PART 1: Employee Details** |
| Name: |  | Employee Number: |  |
| Address: |  |
| Job Title: |  | Department / Ward: |  |
| **PART 2: Confidential Advisory Session (*to be completed by the manager)*** |
| **Section A: Reporting the Absence** |  |  |
| Did the employee fully comply with reporting arrangements? | [ ] Yes [ ] No (If no, tick all boxes the employee failed to do below) |
| [ ]  personally inform [ ]  inform appropriate individual | [ ]  inform in a timely manner [ ]  provide the reason for absence[ ]  provide the likely duration | [ ]  provide details of any affected work commitments [ ]  provide the arrangements for keeping in touch[ ]  call on the 1st and 4th days (as a minimum) |
| **Section B: Details of the Confidential Advisory**  |
| Provide details of the employees sickness absence and how they have breached the Trust’s sickness triggers  |  |
| Detail the required improvements to be demonstrated by the employee |  | Review Date |
|  |
| Detail what will happen should an improvement not be demonstrated or maintained |  |
| **Additional Comments:** *(Please provide any additional information / comments which you feel are relevant and appropriate to the management of the employee’s attendance.)*  |
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| **Manager Declaration** |
| I confirm that the above record of the Review Meeting is accurate.  |
| Manager Signature: |  | Date: |  |  |
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| **Employee Declaration** |
| I declare that all information provided to the Trust in relation to my absence is correct. I confirm that the above record of the sickness review meeting is accurate.  |
| Employee Signature: |  | Date: |  |  |
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