**RECORD OF INFORMAL DISCUSSION**

## Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# This is a record of the Informal Discussion that took place with you on: \_\_\_\_\_\_\_\_\_\_\_

# Conducted by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The purpose of the meeting was to explore the reasons for your sickness absence during the period detailed below and to give you the opportunity discuss this and any matters which may assist you with improving your attendance and your health and wellbeing. The meeting was conducted in accordance with the Cardiff and Vale UHB Managing Attendance at Work Policy.

In the last 12 months you have had the following episodes of sickness:

|  |  |  |
| --- | --- | --- |
| Dates | Duration | Reason |
| From | To |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

You were made aware that this meeting was an opportunity to review your current health and wellbeing, available support and to discuss and confirm a specified level of improvement required.

We discussed whether there were any underlying issues, that you were aware of, which were causing you to become unwell and you informed me of the following:

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The following support / reasonable / tailored adjustments were discuss and considered:

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You were made aware that the following level of improvement is required in your attendance which will continue to be monitored

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Where the required level of improvement, outlined above, is not achieved, a First Formal sickness meeting may be convened.

Throughout this process, I have given consideration to any disability requirements under the Equality Act 2010 that may be appropriate.

I agreed that \*I would/would not be referring you to the Occupational Health Service at this time..

Further comments/action to be taken:

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A copy of this form is issued to you as a record of our discussions. A further copy will be retained on your personal file.

**Employee’s Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Manager’s Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\* delete as appropriate**