Record of returning to the workplace after lockdown conversation

Note: This document is to record a conversation held before the employee’s return to work.

**STRICTLY CONFIDENTIAL**

**Reference number:**

**(to be completed by manager)**

This form should be filled in to assist management in supporting staff who have been away from work as a result of the UK lockdown.

Because of the type of information it contains, it will be kept strictly confidential and in accordance with the Data Protection Act 2018.

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| **Name of employee:** |
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| **Job title:**  |
| **Name of manager:** |
| **Date of conversation:** |

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| **What adjusted working arrangements have been in place during lockdown?**  |
| [Eg furlough/temporary homeworking. Input all relevant dates, including if the employee was furloughed more than once] |
| **Does the employee have any caring commitments that have been affected by COVID-19 eg breakdown in normal caring arrangements?**  |
| [Discuss how these may be overcome and note down any solutions] |
| **Does the employee have any underlying health conditions which require support in the workplace in light of extra health and safety obligations?**  |
| [A particular focus should be made on conditions that could place the employee at higher risk from COVID-19, in line with NHS guidance] |
| **How will the employee travel to work?**  |
| [Specify if they are using public transport or their own vehicle and, if so, if they have/are being given a car parking space] |
| **Will the employee need any further training on new or updated company processes?** |
| [Specify if the employee was furloughed and undertook training whilst away] |
| **Is the employee familiar with new health and safety procedures in place to prevent the spread of Covid-19?** |
| [Discuss or confirm that the employee has received information on health and safety measures in place on return such as changes to entrances/exits, PPE equipment etc] |
| **Is the employee aware of who to contact if they have symptoms of, or believe they have been exposed to, Covid-19?** |
| [Confirm here if the employee is aware of the appropriate procedures and how]  |
| **How much annual leave does the employee have left to take? What are the arrangements for taking annual leave on return?** |
| [Discuss whether there are any restrictions to be placed on taking annual leave before the end of the leave year and any carry over arrangements] |
| **How is the employee’s mental health?**  |
| [Discuss how the employee is feeling and their stress levels; it is advisable to consider how pre-existing conditions could have been exacerbated by the outbreak. Consider if they will need further support] |
| **Are any additional support measures available**? |
| [Confirm if employee knows how to contact counselling services, such as an Employee Assistance Programme (EAP)]  |
| **Does the employee have any other concerns?**  |
| [invite the employee to specify any other worries they have and make notes of the conversation]  |
| **Any other comments?** |
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| **Return to work plan**  |
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| **Date of return to work:**  |
| **Location of workplace:**  |
| **Hours:** [Specify if there are to be temporary changes to hours]  |
| **Date of review:** [Outline when any temporary changes are to be reviewed]  |
| **Responsibilities upon return:**  |