**Absence from Work Form**

*Please refer to the* [*RCOG return to work toolkit*](https://www.rcog.org.uk/careers-and-training/starting-your-og-career/workforce/return-to-work-toolkit/) *for further information and details of who to send this form to once complete.*

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| **Doctor’s****Name:** |  | **GMC Number:** |  |
| **Position:** |  | **Educational****Supervisor/Appraiser:** |  |
| **Length of time****in current position:** |  |
|  |  |
|  **Date of review:** |  |

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| **Proposed start date****of leave:** |  | **Anticipated date****of return:** |  |
| **Trust leaving:** |  | **Trust returning****to (if known):** |  |
| **Reason for absence** |  |
| **Workplace needs assessment required?\*** |  |
| **Outcome of needs\*\*:** |  |

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| **1. Is there any likelihood of the doctor requiring an extension to the above proposed period of absence?** |
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| **2. If the doctor is returning to the same trust, how will they become familiar with any new protocols/changes to equipment? (e.g. mandatory training at induction, being kept on email lists for guideline/protocol updates, etc.)** |
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| **3. Does the doctor have any curriculum/logbook targets (or CPD targets) to be met before period of absence begins? If yes, list below.** |
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| **4. How can the doctor keep up to date whilst away? (e.g. eLearning, Return to work course, PROMPT)** |
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| **5. Will the doctor be able to participate in Keeping in Touch days (KiT days) or other ways of keeping in touch with Trust? If so, how can this be arranged? What additional measures will be needed if returning to a different Trust?** |
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| **6. What needs will the doctor have on returning to work and how can these be addressed? (e.g. period of being supernumerary, simulation training, mentoring system)** |
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| **7. Are there any issues relating to the doctor’s next appraisal which need to be considered?** |
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| **8. If applicable, will the doctor be able to fulfil the requirements needed for revalidation?** |
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| **9. Are there any other issues relating to the doctors return that need to be considered? (e.g. childcare, workplace adjustments, applying for LTFT training?)** |
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| **Signatures** |
| **Doctor:** |  | **Date:** |  |
| **Supervisor:** |  | **Date** |  |

Guidance for completion

\* Under the Management of Health and Safety at Work Regulations 1999, individuals taking a leave of absence for reasons such as pregnancy should have a Work place risk assessment

\*\*Any adjustments should be recorded in writing and acted upon, e.g. the discontinuation of nights/long days after a certain gestation