

Teachers Managing Absence Toolkit TMA (F8)

TMA (F8) 01 (a) - EARLY SUPPORT DISCUSSION FORM			
Section 1. Teacher or Associated Professional Details			
Name:		Employee No:	
Service/Unit:		Job Title:	
Head Teacher / Depute Head Teacher Name:			
Section 2. Summary of Discussion & Agreed Actions			
1	Is the Teacher / Associated Professional currently absent?	Yes <input type="checkbox"/> Date commenced:	No <input type="checkbox"/>
2	If absent, what is the reason for absence?		Work Related Yes <input type="checkbox"/> No <input type="checkbox"/>
3	Summary of Discussion		
4	Has the Teacher / Associated Professional been signposted to any internal/external support/resources?	WorkWellNL <input type="checkbox"/> LearnNL <input type="checkbox"/> Money Advice <input type="checkbox"/> EAP (Employee Assistance Programme) <input type="checkbox"/> GP Support <input type="checkbox"/> Other <input type="checkbox"/> (please state)	
5	Are there any early intervention measures that can be provided at this stage? Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Physiotherapy <input type="checkbox"/>	Employee Counselling <input type="checkbox"/>	Individual Stress Risk Assessment <input type="checkbox"/>
	Occupational Health Referral <input type="checkbox"/>	Other <input type="checkbox"/> (please state)	
6	Would the Teacher / Associated Professional benefit from undertaking amended/lighter duties on a temporary basis at this time?	No <input type="checkbox"/> Yes <input type="checkbox"/> (if yes provide details)	
7	Would the Teacher / Associated Professional benefit from a temporary adjustment to their work pattern at this time?	No <input type="checkbox"/> Yes <input type="checkbox"/> (if yes provide details)	
Date of Discussion:			