

Teachers Managing Absence Toolkit TMA (F8)

TMA (F8) 04 (b) - ATTENDANCE SUPPORT MEETING FORM			
Section 1. Teacher/Associated Professional Details			
Name:			
Employee No:			
Location/Unit:			
Job Title:			
Head Teacher / Depute Head Teacher Name:			
Section 2. Absence Information			
1	Date Absence Commenced:		
2	<p style="text-align: right;">Reason for Absence:</p> <p>(If, the reason given differs from the original reason please ensure this is discussed with the Teacher /Associated Professional)</p> <p>(If the reason is Work Related Stress please refer to Section 4.1 of the TMA Policy for guidance on how this should be dealt with)</p>		<p>Work Related Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>(If, yes please ensure this is recorded correctly on iTrent and discuss whether any additional support is required)</p> <p>(If either party considers the absence is due to an industrial injury/illness please refer to Section 6.5 for guidance on how this should be dealt with)</p>
	Does the Teacher/Associated Professional have an anticipated Return to Work Date:	Yes <input type="checkbox"/> (Provide detail) No <input type="checkbox"/>	
3	Is there any support measures that can be provided at this stage? Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Physiotherapy <input type="checkbox"/>	EAP (Employee Assistance Programme) <input type="checkbox"/>	Stress Risk Assessment <input type="checkbox"/>
	Occupational Health Referral <input type="checkbox"/> Other (please state)		
4	Would the Teacher/Associated Professional be able to perform amended/lighter duties on a temporary basis to allow an earlier return?	Yes <input type="checkbox"/> (Provide detail) No <input type="checkbox"/>	
5	Would the Teacher/Associated Professional be able to carry out a different role on a temporary basis to allow an earlier return?	Yes <input type="checkbox"/> (Provide detail) No <input type="checkbox"/>	
6	Has the Teacher/Associated Professional been advised of the next stage of the process should they remain absent?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
7 Summary of Discussion and Agreed Action			
Date of Discussion:			