

## University Hospitals of Leicester NHS Trust

### NON CONFIDENTIAL ATTENDANCE QUESTIONNAIRE

The Trust has legal obligations to protect the safety and welfare of patients and must ensure, as far as possible that staff are able to undertake the tasks required of them and attend work on a regular basis. The Trust has similar obligations to protect the health and safety of staff at work, so far as is reasonably practicable. As part of your pre employment check and in accordance with NHS recruitment practice standards, we are required to health screen all prospective employees. For some people i.e. those in exposure prone posts or drivers – you will have received minimal screening at interview.

If at this stage you have any concerns about your ability, in relation to the post for which you have applied, the relevant Occupational Health Department will be happy to discuss this with you. Please contact the Occupational Health department on the site on which you will be based

\*Leicester General Hospital      0116 258 4930  
 \*Leicester Royal Infirmary      0116 258 5307  
 \*Glenfield Hospital              0116 225 7961

Please answer the following questions and return this form to your HR representative within HR Shared Services. The information provided will not necessarily prevent an applicant from being appointed to any post. The information is indeed to assist both yourself and the Trust to consult and resolve any issues which may affect the suitability of a particular appointment.

1. How much time have you lost from work or education during the past two years for any reason? Please tick one box.

None	<input type="checkbox"/>
1 to 5 days	<input type="checkbox"/>
6 to 10 days	<input type="checkbox"/>
11 to 15 days	<input type="checkbox"/>
More than 16 days	<input type="checkbox"/>

2. How much of this time was lost in the last 12 months for any reason? Please tick one box.

None	<input type="checkbox"/>
1 to 5 days	<input type="checkbox"/>
6 to 10 days	<input type="checkbox"/>
11 to 15 days	<input type="checkbox"/>
More than 16 days	<input type="checkbox"/>

3. How many episodes of absence have you had in the past two years for any reason? Please tick a box.

None	<input type="checkbox"/>
1 to 2 episodes	<input type="checkbox"/>
3 to 4 episodes	<input type="checkbox"/>
5 to 6 episodes	<input type="checkbox"/>
More than 6 episodes	<input type="checkbox"/>

4. Of these how many occurred in the last 12 months? Please tick one box.

None	<input type="checkbox"/>
1 to 2 episodes	<input type="checkbox"/>
3 to 4 episodes	<input type="checkbox"/>

5 to 6 episodes	<input type="checkbox"/>
More than 6 episodes	<input type="checkbox"/>

5. Were the absences in the last 12 months related or unrelated? Please tick one box.

Related	<input type="checkbox"/>
Unrelated	<input type="checkbox"/>

6. How many of the absences/episodes were as a result of the below: Please state in the grid.

	Episodes	Days
<b>Sickness</b>		
<b>Bereavement</b>		
<b>Special Leave</b>		

7. Please tick and indicate below the statement which applies to you:

I am not aware of any health conditions or disability which might impair my ability to undertake effectively the duties of the position which I have been offered.	<input type="checkbox"/>
I do have a health condition or disability which might affect my work and which might require special adjustments to my work or at my place of work.	<input type="checkbox"/>

As a result of the information that you provide on this non confidential questionnaire, the Trust may require you to attend an Occupational Health Appointment

I certify that the above information is, to the best of my knowledge, correct. I understand that deliberately providing false information on this form may lead to disciplinary action by the Trust, which could include termination of employment.

<b><u>Post Applied For</u></b>	
<b><u>Clinical Management Group</u></b>	
<b><u>Site</u></b>	
<b><u>Surname</u></b>	
<b><u>Forename</u></b>	
<b><u>Signature</u></b>	
<b><u>Date</u></b>	