

COVID-19 - RETURN TO CAMPUS DISCUSSION FORM

This form will be completed by a Line Manager/Supervisor to record the conversation held with a member of staff who has raised concerns about returning to work to assess their workplace exposure risk and agree, where appropriate, further workplace adjustments/ arrangements.

**EMPLOYEE DETAILS**

|  |  |
| --- | --- |
| Given name |  |
| Surname |  |
| Payroll number |  |

**ASSESSMENT COMPLETED BY MANAGER**

|  |  |
| --- | --- |
| Line Manager/Supervisor Name |  |
| Job title |  |
| Staff Member Name |  |
| School/Department |  |
| Role of staff member |  |

**ACTIONS TAKEN TO MINIMISE RISK IN SPECIFIC WORK AREA/BUILDING**

|  |
| --- |
| 1. |
| 2. |
| 3. |
| 4. |
| 5. |
| 6. |

**RISK FACTORS SPECIFIC TO THE ROLE, IF ANY**

|  |
| --- |
| 1. |
| 2. |
| 3. |
| 4. |
| 5. |

**ISSUES OR CONCERNS RAISED BY EMPLOYEE**

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|  |

**REVIEW and ADJUSTMENTS SUGGESTED FOR INDIVIDUAL STAFF MEMBER**

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|  |

**FURTHER ACTIONS REQUIRED? (eg further meeting once staff member has returned, or referral to Occupational Health if concerns remain)**

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|  |

**DATE OF REVIEW**

|  |  |
| --- | --- |
| Review Date |  |

**SIGNATURES**

|  |  |  |
| --- | --- | --- |
| Line Manager/Supervisor: | Staff Member: | Date: |