**Welfare Meeting Document**

The following document is a record of your welfare meeting.

**PART A***Completed prior to the meeting*

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| **Name** | Zakk Yang | **Employee email** | zakk.yang@entaingroup.com |
| **Employee No.** |  | **Date of meeting** | Click or tap to enter a date. |
| **Job title** | Commercial Insights Manager | **Meeting location** |  |
| **Base location** | London | **Meeting Chair** |  |
| **Contract hours** |  | **Chair job title** |  |

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| --- | --- |
| **First date of absence** | 11/03/2024 |
| **No. of weeks absent** | 7 |
| **Last Welfare Meeting date** | Click or tap to enter a date. |
| **Current Fit Note/Sick Certification expiry date** | 18/06/2024 |
| **Fit Note/Sick Certification reason for absence**  [please note any additional condition/ change to previous reason] | Stage 4 metastatic bowel  cancer |

**PART B***Meeting Introduction*

Thank you for attending today.

Welfare meetings are essential for us to enquire after your welfare and to keep in regular contact regarding your absence to understand how as a business, we are best placed to support you.

During the meeting I’ll ask you some questions about your current situation so I can understand the reasons for your absence further, and to help us identify if there are any reasonable adjustments that can be considered, in order to aid your return to work If you need a break at any point, please ask.

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| **Do you understand the purpose of this meeting?** | | Yes  No |
| **Do you have any questions before we commence?** | | Yes  No |
| **Colleague questions:** |  | |

**PART C***Complete if first Welfare meeting*

Your current Fit Note/Sick Certification states your reason for absence as [review on p1]

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| 1. **What symptoms are you experiencing?** |
| Chemo side effects: including nausea and feeling weak with little appetite, etc |
| 1. **How does your diagnosis impact your everyday activities?** |
| Need to attend chemo sessions.  Feeling tiredness with low energy level; need to cooperate with the chemo sessions;  Need to spend long time in physical training;  Need to spend time cooking meals from different nutritional sources. |
| 1. **How do you believe your condition would impact your ability to complete your role?** |
| I need to 100% focus to make sure that I can improve my prognosis in the first 3 months. |
| 1. **When did you first start to notice the symptoms?** |
| About Sep or Oct last year. |
| 1. **Have you had this condition previously?** [If yes, has the colleague been absent from work previously – OH appointment, Any RTWs completed?] |
| **No.** |
| 1. **Is there anything we can do at this stage, to support your return to work?** |
| **I believe I will return to work in 3 months with reduced hours first. The current tumor marker results show great improvement.** |

**PART D**   
*Complete, if appropriate to ask*

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| 1. **Is this Absence work related?** |
| Yes  No |
| 1. **If Yes – Discuss in what way?**   [Gather information on what circumstances have contributed to the absence] |
|  |
| 1. **Discuss options for resolution, if appropriate**   [Mediation, Grievance – both informal and formal] |
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*[Manager N.B. If any elements of absence are related to work, contact your ER Advisor after the meeting and inform the Colleague that you will follow up on the points raised.]*

**PART E**   
*Complete if second/additional welfare meeting*

Your current Fit Note/Sick Certification states your reason for absence as [review on p1]

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| 1. **You previously stated you were experiencing the following symptoms:** |
| [Manager to complete prior to meeting] |
| 1. **Have you seen any improvements? Will these assist you in carrying out your role?** |
|  |
| 1. **Have you had any appointments or have there been any significant developments since we last spoke?** |
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**PART F***Complete at all Welfare meetings*

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| 1. **Are you under the care of a GP or Hospital for your condition? If so, when was the last appointment?** [Please note any upcoming appointments] |
| Currently under the AXA policy, with LOC hospital.  The last consultation with GP was in Apr 18th. The last chemo was in Apr 19th. |
| 1. **Are you currently receiving any other treatment or support? If so when was your last interaction with them?** [Please note any upcoming appointments] |
| With Care Oncology Clinic which is not covered by AXA. The last interaction is Apr 25th. They provide me additional medicines to block the cancer path ways. |
| 1. **What advice have they given to support your recovery, and have you discussed a timescale to return to work with them?** |
| Agreed to have a 3 month period to get recovered. The next step is to finish the 3-month chemo sessions and to have an image scan in Jun. I believe the result will be positive. |

**PART G***Complete at all Welfare meetings*

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| 1. **What support can the business provide to you at this time and are there any adjustments that can be made to help support you back to work?** 2. **[If applicable] Has your medical support suggested any adjustments?**   [Options to consider; phased return to work, reduced hours, temporary/permanently, flexible working. |
| **My hope is to get full support to allow me to get recovered full time at least for the 3-month period. I have followed a very strict daily routine to get recovered.**  **The current main approach is to integrate chemo with target therapy based on the tumour genome. The doctor said there will be promising medicine available based on my specific gene type. They have taken my tissue sample for further research, covered by AXA.**  **In terms of the schedule that is after the 3 month period, I expect to have reduced working time for the following 3 months. For example, the chemo sessions will be from Friday to Sunday, and I need the coming Monday and Tuesday to get rid off the side effects. And for the following working days, I will probably need morning time to do intense exercises.**  **I believe I will get fully recovered if I commit to my daily routines, which including cooking nutritious meals and integrating both heavy lifting and cardio exercises.** |

**PART H – Occupational Health***Complete at all Welfare meetings*

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| 1. **OH Referral required? Please discuss with your ER Advisor if you are unsure if this is needed.** | Yes  No  Re-refer |
| 1. **OH report already received and discussed?** | Yes  No |

**PART J – Occupational Health Continued**  
*Complete if ‘yes’ or ‘re-refer’ selected in Q17*  
  
To help us fully understand the nature of your condition, I’d like to refer you to our Occupational Health provider Health Partners. Health Partners will discuss your current circumstances with yourself and advise us the nature of your absence. Occupational health is a type of medical service organised by the business in order to understand your absence more and to advise us on how best we can support you with a view to helping you return back to work.

We might want to use occupational health to help:

* when an employee is struggling with their physical or mental health
* make the right reasonable adjustments for people with disabilities at work
* when an employee has been off sick for a long time or is returning to work after sickness absence
* reduce the amount of time people need to take off sick
* keep to other health and safety regulations
* control risks to mental health, such as too much pressure at work or at home

Health Partners will contact you on the number provided to arrange an appointment, and you will receive an email from them directly to confirm it. **Please note – this call will likely come from an unknown or withheld number.** You will have the opportunity to speak with them and agree a convenient time prior to it being scheduled.

If you do not wish to provide me with your consent to make a referral, or should you do so and fail to attend an appointment, this may mean that any decisions about your absence may have to be made on the information we have available to us. If you do not attend the appointment, then one further attempt will be made. If you do not attend an appointment on two occasions, then the process will proceed with the information we have available. Exceptions will be made to this in special circumstances.

In addition, should you fail to attend or provide appropriate notice that you are not able to attend, the business will be subject to additional costs and these costs may vary dependant on appointment type.

To re-arrange please contact Health Partners directly, responding to your confirmation email, with greater than 48 hours’ notice prior to the appointment. To withdraw consent or cancel the meeting entirely, please discuss this with your line manager with at least 72 hours’ notice.

To proceed with an assessment, we require your verbal consent.

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| 1. **Has this section been covered** | Yes  No |
| 1. **Is verbal consent given?** | Yes  No |
| 1. **Colleague email address** |  |
| 1. **Colleague mobile number** |  |
| 1. **Availability – Are there any days, dates or times on which you will be unavailable for a call from Occupational Health?** |  |
| 1. **Concerns – Are there any concerns that you have which may result in you being unable to attend or answer the call from Occupational Health?** |  |

**PART H – Ill Health Capability***Cover only if discussed with ER Advisor as relevant*

As a result of little or no improvement in your overall health during our welfare meetings, it may be necessary to review your employment with our business and the impact of your continued absence. I will consider all possible options to ensure we have supported you to secure a return to work. However, it should be acknowledged, that there is a possibility, that the business may no longer be able to continue your employment, and as per our ‘Life outside of work’ Policy you may be dismissed on the grounds of ill health capability.

I will review your case with a view to determining whether we need to progress to a formal setting to discuss your employment with the business.

If that is necessary, the meeting will take place as soon as possible after I’ve completed the necessary investigation.

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| 1. **Do you understand, have any questions or suggestions regarding this?** |
| Yes. Understood. I believe I will be get recovered and get back to work. |

**PART I – Next Steps**  
*Complete at all Welfare meetings*

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| 1. **Have all your questions been answered?** | Yes  No |
| 1. **List below any agreed actions or any other business:** | |
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| 1. **Reminded colleague of their responsibility to submit fit notes/Sick Certification in a timely manner, and the impact on pay and possible disciplinary action for not doing so** | Yes |
| 1. **Discussed EAP and Unmind and provided details** | Yes |
| 1. **Time and date of next welfare meeting (MANDATORY):** |  |
| 1. **Confirmed that a copy of this document will be sent to the colleague** | Yes |