**Chelmsford Diocesan Board of Finance**

Clergy Self-Certification of Absence

Please complete this form if you are unable to perform the duties of your office because of illness for a period of sickness absence of up to 7 calendar days

|  |  |
| --- | --- |
| **Name** |  |
| **Role** |  |

**Period of absence**

|  |  |
| --- | --- |
| I certify that I was unable to work for the period detailed below. | |
| Date sickness absence began (include non-working days) |  |
| Last date of sickness absence (include non-working days) |  |
| Date returned to work |  |
| Total number of working days absent from duties (include Bank Holidays) |  |
| First notification of illness - give details of who you contacted.  ***This maybe the Archdeacon, Incumbent, Training Incumbent or the Area Dean*** | |

# Reason for your absence

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| Please give details of your illness/symptoms or describe the injury. Words like “illness” or “unwell” are not sufficient. |

**Details of treatment (as appropriate)**

|  |  |  |
| --- | --- | --- |
|  | | |
| Did you see a doctor or attend a hospital or clinic (please indicate as appropriate and provide any relevant information)? | **YES** (please delete as appropriate) | **NO** (please delete as appropriate) |

|  |  |  |
| --- | --- | --- |
| **In the event that a period of sickness absence exceeds 7 calendar days** (this includes working and non-working days), it will be necessary for you to provide a Statement of Fitness to Work (from the 7th day of absence).[[1]](#footnote-1) This can be obtained from your healthcare professional: doctor/consultant, nurse, occupational therapist, pharmacist, physiotherapist. | | |
| If the absence resulted from an accident at work, was this reported at the time and entered in the relevant Accident Book? | **YES** (please delete as appropriate) | **NO** (please delete as appropriate) |

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| Is there anything the Diocese can do to assist you with your recovery or help you in the longer term if your reason for sickness is likely to reoccur? |

**Declaration**

|  |  |  |
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| I certify that the information supplied above is a true and accurate record. | | |
| Signed |  | Date |

***A copy of this form should be shared with your Area Dean/Archdeacon.***

**This completed form should be returned to the HR Department at**

**the Diocesan Office at** [**hr@chelmsford.anglican.org**](mailto:hr@chelmsford.anglican.org) **or post to**

**The Diocesan Office, 53 New Street, Chelmsford CM1 1AT**

*If you have any initial questions/queries about the form please contact Angela Coote,*

*HR Administrator at* [*acoote@chelmsford.anglican.org*](mailto:acoote@chelmsford.anglican.org) *or on 01245 294409*

1. 1Further information may be found in the Handbook for Ecclesiastical Office Holders [↑](#footnote-ref-1)