**Staff Self-Declaration Form**

**Coronavirus related absences**

The current health concerns relating to coronavirus require stringent control and careful management. In order that the Headteacher and Governors can safeguard our staff and pupils, this form has been created to monitor all necessary staff absence from school due to coronavirus. This form supports the school to apply the appropriate control measures, to ensure that you are paid appropriately and that the necessary practices are applied to your current situation.

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| --- | --- | --- | --- | --- |
| Personal information | | | | |
| **Name:** | |  | | |
| **Payroll Number:** | |  | | |
| **Main Post:** | |  | | |
| **School:** | |  | | |
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| The following categories apply:   * if you have coronavirus symptoms or a positive test result * if you need to self-isolate under public health guidelines * if you have caring responsibilities * if you believe you cannot attend work for some other reason not connected with coronavirus | | | | |
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| Section 1 – Your own coronavirus symptoms or test results | | | | |
| 1. **Are you showing symptoms of coronavirus?** | | | |  |
| **If so, when did the first symptoms begin?** | | | |  |
| 1. **Have you received a positive COVID-19 test result?** | | | |  |
| **If so, when was the test carried out?** | | | |  |
| 1. **Have you received an inconclusive COVID-19 test result?** | | | |  |
| **If so, when was the test carried out?** | | | |  |
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| Section 2 – Self-isolating under public health guidelines | | | | |
| 1. **Has someone in your household (including a household support bubble) developed symptoms of coronavirus, or had a positive test result?** | | | |  |
| **If so, when did the first symptoms begin (or, if no symptoms, when was the test carried out)?** | | | |  |
| 1. **Have you been contacted by NHS Test and Trace, to tell you that you must self-isolate?** | | | |  |
| **If so, when did this self-isolation period begin?** | | | |  |
| **Please give the date they have told you to self-isolate until?** | | | |  |
| 1. **Have you been notified, via the NHS Covid 19 app, that you should self isolate?** | | | |  |
| **If so, when did this self-isolation period begin?** | | | |  |
| **Please give the date they have told you to self-isolate until?** | | | |  |
| 1. **Have you been instructed to self-isolate in preparation for a medical procedure?** | | | |  |
| **If so, what is the first date of your self-isolation?** | | | |  |
| 1. **Have you returned from an overseas location which, at the time of travel, was not exempted from the government’s quarantine regulations?** | | | |  |
| **If so, what was the date of your return?** | | | |  |
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| Section 3 – Caring responsibilities | | | | |
| ***NB – If you complete this section, the school will need to discuss with you the nature of this caring responsibility, and any possible arrangements that may enable you to attend work for some or all of your duties.*** | | | | |
| ***NB – Payment during this period will be at the discretion of the school.*** | | | | |
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| **Do you have responsibility to care for a child or vulnerable adult, who is required to self-isolate and remain at home?** | | | |  |
| **If so, when did the person’s self-isolation period begin?** | | | |  |
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| Section 4 – Not in any of the categories listed above | | | | |
| ***NB – It is not automatic that you will receive your salary in these circumstances.*** | | | | |
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| **Do you believe you should not attend work for a reason that is not covered by the categories above?** | | | |  |
| **If so, please provide as much detail as possible in this box:** | | | | |
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| Section 5 – Declaration | | | | |
| **In signing this form:**   1. **I confirm that the information provided is true to the best of my knowledge.** 2. **I understand that I must notify my headteacher immediately if my situation changes.** 3. **I understand I must follow the absence reporting procedures in line with the School’s Management of Attendance Capability Policy and Procedure.** | | | | |
| Signature: |  | | | |
| Print Name: |  | | | |
| Date: |  | | | |
|  | | | | |
| For office use | | | | |
| **Anticipated return to work date:** | | |  | |
| **Actual return to work date:** | | |  | |
| **Total number of days absent:** | | |  | |
| **Payroll recording category:** | | |  | |