**Appendix 2**

**COVID-19 Return to Work Form**

To help prevent the spread of COVID-19 in the workplace, all employees, officiating clergy and readers must complete and sign this form before returning to work. Following submission of the form, you may be contacted and asked not to return to work immediately and a suitable future date for your return would then be discussed with you.

N.B. Every question **must** be answered.

|  |  |
| --- | --- |
| Name: | Role: |
| Church & Parish: |
| Question | Yes / No |
| 1. Do you have symptoms of COVID-19 either now or in the past 14 days? Current guidelines suggest these symptoms include cough, fever, high temperature, sore throat, runny nose, breathlessness or flu like symptoms.
 |  |
| 1. Have you been diagnosed with confirmed or suspected COVID-19 infection in the last 14 days?
 |  |
| 1. Are you aware that you have been in close contact of a person who is a confirmed or suspected case of COVID-19 in the past 14 days (i.e. less than 2 metres for more than 15 minutes accumulative in 1 day)?
 |  |
| 1. Have you been advised by a doctor to self-isolate at this time?
 |  |
| 1. Have you been advised by a doctor to cocoon/shield at this time?
 |  |
| 1. Please provide details below of any other circumstances relating to COVID-19, not included in the above, which may need to be considered to allow your safe return to work. Information on who would be considered 'high risk' can be found at:

<https://www2.hse.ie/conditions/coronavirus/people-at-higher-risk.html> (RI)[www.nidirect.gov.uk/articles/coronavirus-covid-19-advice-vulnerable-people](http://www.nidirect.gov.uk/articles/coronavirus-covid-19-advice-vulnerable-people) (NI) |

\*if you are unsure whether or not you are in an at-risk category, please check the information at the link in Question 6.

Print Name:……………………………………………….

Signature……………………………………………Date:……………

Your personal data will be processed fairly, transparently and lawfully in accordance with data protection legislation. Your personal data will only be used for the reasons outlined above and will be kept confidential, safe and secure. Should your information change after you complete and submit this form, please inform the incumbent, employer, bishop or diocesan secretary as appropriate