The information included in this statement will be held by the Authority in its computerised records. Information given will also be used by officers of the authority for monitoring and analysis of sickness absence. It may also be disclosed to Occupational Health Professionals acting on behalf of the Authority in relation to the matter to which this statement applies. The Authority treats personal data collected during the sickness procedure in accordance with the Council’s data protection policy [data-protection-policy](https://ourpeople.carmarthenshire.gov.wales/media/655468/data-protection-policy-v10.pdf) For more information about how your data is used and the basis for processing your data is provided in our privacy notice [HR privacy-notice](https://www.carmarthenshire.gov.wales/home/council-democracy/data-protection/privacy-notices/human-resources-people-services/)

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| **1** | Name: | |  | | | | | | | | | | | | Employee No: | | | | |  | | | | | | | | | | | |
|  | Post No./Designation: | | | | |  | | | | | | | | | Department: | | | | |  | | | | | | | | | | | |
|  | Work Location/Area: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Line Manager/Supervisor: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **2** | Absence Start Date and Time: | | | | | | |  | | | | | Absence End Date and Time: | | | | | | | | | |  | | | | | | | | |
|  | (Inc ½ days) | | | | | | |  | | | | | (inc ½ days) | | | | | | | | | | | | | |  | | | | |
|  |  | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **3** | **You are required to provide details of the nature of illness/injury:** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
|  | Relevant Absence Code (See guidance below) | | | | | | | | | | | | | | | |  |  | | |  |  | | | |  |  | |  | | |
|  | Was your illness/injury work related? **YES / NO**  Was your absence the result of an accident for which you might be able to claim against a third party? e.g. motor accident **Y****ES / NO**  Was your absence as a result of a sports injury? **YES/NO** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **4** | Was your absence related to a disability as defined by Equalities Act 2010?  The Equality Act defines a person as disabled if they have a physical or mental impairment, which has a substantial and lone term adverse effect. (i.e. has lasted or is expected to last at least 12 months) on the person’s ability to carry our normal day to day activities. | | | | | | | | | | | | | | | | | | | | | | | | **YES / NO** | | | | | |
| **5** | **Declaration:** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
|  | I declare that the above statement is true, and herewith claim any sickness payments to which I am entitled. I understand that to give false or misleading information can result in disciplinary proceedings which may lead to dismissal. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Signed: | | |  | | | | | | | | | | | | Date: | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **6** | | For Official Use Only | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Line Manager / Supervisor: | | |  | | | | | | | Position: | |  | | | | | | | | | | Date: | | | |  | | | |
|  | | Date of RTWI | | |  | | | | | | |  | |  | | | | | | | | | |  | | | |  | | | |
|  | |  | | |  | | | | | | |  | |  | | | | | | | | | |  | | | |  | | | |
| Absence Codes for Illness or Injury  |  | | --- | | All instances of sickness absence should be allocated to one of the following Sickness Category groups: (See table below). For example, absence due to back pain should be allocated to the category "Back & neck problems".  Absences caused by more than one illness should be allocated to the illness that predominates. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Sickness Reason** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Category Group** | |
| **Back & neck problems -** problems relating to back (spine) and neck | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 110001 | |
| **Other Musculo-skeletal problems –** problems relating to bones, joints or muscles in all parts of the body excluding back (spine) and neck e.g. Arthritis, Pulled muscle, Rheumatism, Shoulder ache/pain | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 120001 | |
| **Injury/fracture** – to include breaks, cuts, bites | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 280001 | |
| **Stress** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 100001 | |
| **Mental Health** – e.g. anxiety, Bipolar disorder, Bereavement reaction, Depression | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 400001 | |
| **Cold, cough, flu.** For infections, allocate where possible to the part of the body that is infected, otherwise allocate to "Infections". For example, an ear infection should be allocated to the category "Eye, Ear, Nose and Mouth/Dental" rather than to the category "Infection", whereas shingles should be allocated to "Infections" as it is not specific to any one part of the body. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 130001 | |
| **Infectious/skin/blood and auto-immune disease** – e.g. Anaemia, Shingles, Skin allergy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 270001 | |
| **Neurological;** to include headaches and migraine | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 290001 | |
| **Benign and malignant tumours** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 170001 | |
| **Burns, poisoning & climate related conditions** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 200001 | |
| **Genitourinary & gynaecological disorders** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 260001 | |
| **Pregnancy related –** exclude maternity leave | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 300001 | |
| **Gastrointestinal problems;** to include Stomach, liver, bowel & digestion | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 250001 | |
| **Heart, blood pressure & circulation** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 190001 | |
| **Chest & respiratory;** to include chest infections | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 150001 | |
| Eye, ear, nose, skin, mouth/dental | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 210001 | |
| **Medical conditions e.g. diabetes & thyroid** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 240001 | |
| **Substance abuse** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 320001 | |