**Case Conference Template for Managers**

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| **Employee Name** |  | | **Date** | |  |
| **Employee Number** |  | | | | |
| **Job Title** |  | | | | |
| **Place of Work** |  | | | | |
| **Meeting Attendees** |  | | | | |
|  |  | | **Further Details (Optional)** | | |
| **Employee Accompanied** | **Yes**  **No** | |  | | |
| **Would OH regard this employee as covered by the provisions of DDA** | **Yes  No** | |  | | |
| **Is a phased return to work recommended** | **Yes  No** | |  | | |
| **Work Restrictions/Adjustments recommended** | **Yes  No** | |  | | |
| **OUTCOME** | | | | | |
| **Action** | | **Who is Responsible** | | **Timescale** | |
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