**Case Conference Template for Managers**

|  |  |  |  |
| --- | --- | --- | --- |
| **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** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |