**Employee Survey**

We are writing to ask you to complete this [optional] survey to help us to support employees to transition back into work when the time comes to do so. [Insert necessary information regarding data protection].

Please return the completed survey to [me] by [date and method].

1. How do you feel about returning to work?
2. [We will provide you with a copy of our COVID-19 risk assessment before you return to work, information regarding the steps taken to protect your health and safety and inform you of any additional training, and where applicable, equipment that you will receive.] OR [We have provided you with a copy of our COVID-19 risk assessment, information regarding the steps taken to protect your health and safety and informed you of any additional training, and where applicable, equipment that you will receive on your return to work]. Is there anything further that will support you to return to the workplace with confidence? For example, [e.g. photographs / a virtual tour of the workplace to enable you to see what it will look like on your return.]
3. Are there any obstacles to you returning to work / the workplace / working your full contractual hours?
4. Is there anything that I as your manager can support you with?
5. Is there any refresher training you would need?

Employee name:

Date:

**Reminder – If you have or might have coronavirus (COVID-19) follow the public health guidance.**