

BOURNEMOUTH UNIVERSITY
School of Health and Social Care

SELF CERTIFICATION FORM

For use if a sickness / absence of more than 3 consecutive days (i.e. days 4 – 7) (including Saturdays and Sundays) occurs or if required by Academic Advisor, Programme Lead or Framework Lead

Student Name _____ Academic Advisor _____

Course _____ Intake _____

Student ID number _____

About your sickness /absence (please give brief details)

What date did your sickness/absence begin?

What date did your sickness/absence end?

What date did you last work in the placement before your sickness/absence began?

What time did you finish work in the placements on that date?

Was your sickness/absence caused by an accident in placement?

Yes ☐

No ☐

Student Signature _____

Date _____