**Appendix A - Application for Homeworking**

This document records the agreement between Salisbury NHS Foundation Trust and [name of applicant] on the terms and conditions that will apply to the employee as a home worker.

**This agreement is to be completed by the EMPLOYEE.**

Please tick the boxes below to confirm that you understand and agree to abide by all of the detailed points points.

This form must be returned to your Line Manager for attachment to your personal file.

**Name of Applicant** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Job Title** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Directorate/Department** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­

**Line Manager** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Application for Regular Home working** *(more than 40% of regular working hours at home)****Complete all sections*** |  |
| **Application for Occasional Home working** *(less than 40% of regular working hours at home i.e. on an ad-hoc basis)****Complete sections 1 - 12*** |  |

**I would like to apply for the following home working arrangement**

|  |  |
| --- | --- |
| **Please Tick** | **Description** |
|  | **To work from home on a set day(s) every week**(Please delete as appropriate) **Mon / Tues / Wed / Thurs / Fri** |
|  | **To work from home on an ad-hoc basis in line with my work requirements. I understand the need to discuss and agree each occasion with my Line Manager** |

I would like this arrangement to start on ­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I fully appreciate that such an arrangement needs to be reviewed by my Line Manager at least annually**

|  |  |  |
| --- | --- | --- |
| **Please Tick** | **Statement No.** | **Statement / Question** |
|  | 1 | I wish to work from home and confirm that I have read and understood the Trust’s Home Working Policy (available from your Line Manager), and agree to abide by the terms of this agreement. |
|  | 2 | I will maintain my home working environment to the agreed health and safety standards as discussed in this document and the Home Working Policy. |
|  | 3 | I will immediately inform my Line Manager of any changes to my home or personal circumstances, which could affect this home working arrangement |
|  | 4 | I confirm that I will be contactable during my ‘normal’ working hours which must be agreed with my Line Manager |
|  | 5 | I understand that I may be required to attend Trust premises on ‘work from home’ days to attend essential meetings / training etc. Such requests will be made in advance by my Line Manager |
|  | 6 | I am aware and understand my obligation to notify my Line Manager when I am absent from work due to sickness or any other reason.  |
|  | 7 | I agree to take all reasonable steps to ensure the safety and security of Trust equipment and Trust data and will inform my Line Manager of any changes to security measures at my home. |
|  | 8 | I agree that Trust equipment will only be used for Trust related business |
|  | 9 | I am aware and understand the requirement to report any work-related accidents whilst working at home and the actions I am required to take in the event of ill-health or an emergency. |
|  | 11 | I understand that the Trust reserves the right to check my home work environment, with prior consent, at any time for health and safety reasons |
|  | 12 | In the event of home working ceasing I will co-operate with the Trust in arranging a time for any equipment to be collected or I will return the equipment to the Trust within 5 working days of home working ceasing. |

|  |  |  |
| --- | --- | --- |
| **Please Tick** | **Statement No.** | **Statement / Question –** **only to be completed by Regular home workers** |
|  | 13 | I agree to an initial suitability assessment of my home work environment by my Line Manager and if appropriate IT and/or Health and Safety Representatives. The completed They will complete inspection checklist will detail the Health and Safety standards that I will need to maintain. |
|  | 14 | I understand that it is my Line Manager’s responsibility to ensure that all management actions arising from the above inspection **must** be completed prior to the commencement of any home working arrangement. |
|  | 15 | I have notified my landlord/mortgage provider and insurance company in writing of my intention to work from home. I have also provided my insurance company with a list of additional equipment that has been provided to me by the Trust. (Please attach a copy of the correspondence). |

**Line Manager Sign off Process**

**For Occasional Home Working**

**Manager’s Name:**

**Job Title:**

**Application – Agreed/Refused:**

Comments:

Date of Review:

**Signature: Date:**

**For Regular Home Working**

**Manager’s Name:**

**Job Title:**

**Application – Agreed/Refused:**

Comments:

Date of Review:

**Signature: Date:**

**Directorate Manager Agreement**

**Signature: Date**

**Please complete the below for all agreed applications**

**Required Equipment Needed for Home Working Arrangement**

The below employee has been approved to work from home and as such requires the following equipment

**Employee** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Department** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Line Manager** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- |
|  | **Yes**  | **No** |
| Is Remote Access to the Trust network required and if so has a quote from Informatics been requested? |  |  |
| Is a laptop required and if so has a quote from Informatics been requested? |  |  |

|  |  |
| --- | --- |
| Does the employee require any other equipment/accesses ( if so please detail ) |  |