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|   | **WORK FROM HOME (WFH)** **APPLICATION FORM**  |
| **Instructions:** Employee to complete Sections A and B electronically and email to Divisional Director for review. Fields marked \* are mandatory. Divisional Director to complete Section C electronically and email to People & Culture people.culture@wdhs.net Form to be sent by email to show audit trail of approvals & dates. Employee and their Manager to complete an Action Plan  |

# SECTION A: Employee to complete & Divisional Director to review

|  |  |  |  |
| --- | --- | --- | --- |
| **\*First Name:**  |  | **\*Surname:**  |  |
| **\*Employee ID:**  |  | **\*Department**  |  |
| **\*Role:**  |  |
| **\*Office Hours:**  | Mon:  | Tue:  | Wed:  | Thu:  | Fri:  |
| **\*WFH Hours:**  | Mon:  | Tue:  | Wed:  | Thu:  | Fri:  |
| **\*Personal Details &** **Emergency Contact:**  | ☐ I have checked and updated my personal details and emergency details in PayGlobal / My WDHS  |
| **\*Reasons for Request:**  | ☐ Reduce risk of infection and practice social distancing ☐ Have responsibility to care for an immediate family member who has tested positive for COVID-19 ☐ Work Life balance ☐ Reduce travel time ☐ Have personally tested positive for COVID-19 ☐ Other Please state:   |
| **Health & Safety Checklist**  |
| **\*Assessment Date:**  |   |
| **\*Work Environment:**  | ☐ A designated work/study area has been identified providing sufficient clear space to enable the employee to have full range of movement required to work without risk of strain or injury. ☐ There are appropriate amenities (e.g. kitchen, bathroom) ☐ There is no risk of domestic violence – (contact People & Culture directly for advice and assistance)  |
| **\*Equipment:**  | ☐ Supportive chair (preferably an ergonomic chair) ☐ Desk or table surface with sufficient space for computer work ☐ Footrest where needed ☐ A separate mouse and keyboard to reduce ergonomic strain ☐ Document holder where necessary  |
| **\*Environmental Conditions:**  | ☐ Lighting is adequate for the tasks being performed ☐ Ventilation and room temperature can be controlled, regardless of season (i.e. I feel comfortable with the room temperature and air flow) ☐ There is no excessive noise affecting the work area  |
| **\*Trip or Fall Hazards:**  | ☐ There are no trip or fall hazards  |
| **\*Electrical:**  | ☐ Power outlets are not overloaded with double adapters and power boards ☐ Power connectors, plugs and outlet sockets are in a safe condition ☐ Electrical equipment is free from any obvious external damage  |
| **Other:**  | ☐ Other hazards have been assessed and controls have been implemented to make safe. Please provide details:   |

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# SECTION B: Employee to complete & Divisional Director to review

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| --- | --- |
| **\*Action Plan**  | ☐ Completed: Date:  |
| **Equipment Loan** *(complete as appropriate, if an item has been loaned from WDHS)*  | ☐ Computer ID/Serial #/Desc:  |
| ☐ Monitor ID/Serial #/Desc:  |
| ☐ Mouse ID/Serial #/Desc:  |
| ☐ Keyboard ID/Serial #/Desc:  |
| ☐ Footrest ID/Serial #/Desc:  |
| ☐ Monitor stand ID/Serial #/Desc:  |
| ☐ Document holder ID/Serial #/Desc:  |
| ☐ Web Cam ID/Serial #/Desc:  |
| ☐ Microphone ID/Serial #/Desc:  |
| ☐ Other  |
| **\*Supervisor Meeting Times:**  | Mon:  | Tue:  | Wed:  | Thu:  | Fri:  |
| **IT Support**  | ☐ Request for Remote access Citrix Netscaler account completed  (via Helpdesk, ‘SWARH remote access request’)  |
| **Other Arrangements:**  |   |
| **\*Proposed WFH Dates**  | Effective From:   | To:  |
| *Note: Proposed dates cannot be greater than four months duration*  |
| **\*Requirements:** ☐ The work can be performed independently ☐ Employee and management responsibilities can feasibly be met by this arrangement ☐ Employee has the requisite degree of self-organisation, motivation, etc. to work independently from home ☐ The safety and wellbeing requirements are met to approve work from home ☐ Employee understands any costs associated with any additional home equipment (not listed above) and any modifications to furniture, utilities or structure will be borne by the employee. ☐ Employee understands that they will be liable for any damage to equipment when working from home and must ensure that all care is taken when using equipment and that it is returned in the same condition (save fair wear and tear).☐ Employee understands requirements for information security & privacy and has reviewed relevant WDHS privacy policies. ☐ The employee understands, while working from home, they are required to continue to comply with all WDHS policies and procedures including WDHS Working From Home Policy  |
| **\*Employee Name**  |  | **\*Date:**  |

# SECTION C: APPROVALS

|  |  |  |  |
| --- | --- | --- | --- |
| **Divisional Director Name:**  |  |  | **Date:**  |
| **Action:**  | ☐ **Yes Approved**  | ☐ **Review Date Booked: Review Date:**  |  |
| ☐ **No Declined**  |  |  |
| **Comments:**  |  |  |  |

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| --- | --- | --- |
| **People & Culture Office Use Actions:**  | Name:  | Date:  |
| ☐ Notified Employee of outcome via email ☐ Details recorded in central repository  |  |

*When form has been completed by employee and Divisional Director, email to people.culture@wdhs.net*

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