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| Insert Logo | **Remote Working Safety & Wellbeing**  **Application Checklist & Approval** |

**Step 1 – Team Member Application Checklist**

Team Members wishing to work remotely or from home either on an ad hoc or regular basis MUST complete and submit this Remote Working Safety and Wellbeing Application Checklist form to their Manager for consideration, feedback and approval.

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| --- | --- | --- | --- | --- |
| **Team Member Details** | | | | |
| **Name** |  | | | |
| **Position** |  | | **Manager** |  |
| **Contact Details** | **Mobile** |  | | |
|  | **Email** |  | | |
|  | **Remote Location** |  | | |

| **Policy Acknowledgement & Acceptance** | | **Yes** | **No** |
| --- | --- | --- | --- |
| I confirm I have read, understood and accept the terms and conditions set out in [Clinic Name]’s Remote Working Policy. | | € | € |
| I also confirm the responses below are accurate and truthful at the time of completing this Application Checklist and agree to promptly notify my Manager of any changes. | | € | € |
| I understand that if I have misrepresented or not been truthful about my remote working arrangements and/or my output activities fall below expectations that it may result in my remote working approval and privileges being suspended or revoked, and/or performance management action being taken, up to an including dismissal. | | € | € |
| **Team Member Signature** | **Date** |  |  |

| **1. Rationale for working from home / remotely** | **Yes** | **No** |
| --- | --- | --- |
| **Reasons & frequency for working from home** |  |  |
| * Explain the reason(s) & frequency you would like to work from home or remotely?   eg. Working 1 day a week remotely and typically from home office |  |  |
| * The reasons are valid and sufficient to consider working from home and: |  |  |
| * + is not to be a substitute for child-care or dependent care although may support family responsibilities (e.g. coordinate with school hours) | € | € |
| * + it enables better balance of work/family/life (etc.) responsibilities which will enhance performance and commitment and/or reduce stress | € | € |
| * + it represents a more productive way of working compared with current arrangements | € | € |
| **Nature of work** |  |  |
| * The nature of the work and employee are suited to such an arrangement: |  |  |
| * + the duties are suitable for working from home / remotely | € | € |
| * + the work can be performed independently | € | € |
| * + there are responsibilities (eg. people management/supervision) which can feasibly be met by this arrangement | € | € |

| **2. Work Environment** | | **Yes** | **No** |
| --- | --- | --- | --- |
| **Designated Work Area** | | | |
| * A designated work/study area has been identified which provides sufficient clear space to enable the employee to have full range of movement required to work without risk of strain or injury. | | € | € |
| * There are no trip hazards (eg. cabling, mats, clutter) | | € | € |
| **Environmental Conditions** | | | |
| * Lighting is adequate for the tasks being performed (ie. easy to see & comfortable on the eyes) | | € | € |
| * Glare and reflection can be controlled | | € | € |
| * Ventilation and room temperature can be controlled, regardless of season (ie. I feel comfortable with the room temperature and air flow) | | € | € |
| * There is no excessive noise affecting the work area | | € | € |
| * Non-smoking environment | | € | € |
| * For double storey homes, it is recommended that all work is undertaken on the ground floor or same level where practicable. | | € | € |
| * + There are appropriate amenities (e.g. kitchen, bathroom) | | € | € |
| * + Stairs (if any) contain a continuous hand rail from top to bottom | | € | € |
| **Security** | | | |
| * Security is sufficient to prevent unauthorised entry by intruders | € | | € |
| **Electrical** | | | |
| * Power outlets are not overloaded with double adapters and power boards | | € | € |
| * Earth leakage circuit protection is in place for work related equipment | | € | € |
| * Electrical cords are safely stowed | | € | € |
| * Connectors, plugs and outlet sockets are in a safe condition | | € | € |
| * Electrical equipment is free from any obvious external damage | | € | € |

| **3. Workstation Set Up** | **Yes** | | | **No** | |
| --- | --- | --- | --- | --- | --- |
| The purpose of this section of the Application Checklist is to assess the set-up of your workstation.  Where the answer is ‘No’ please record any comments on how the requirement may be met and discuss with your Manager if you have further concerns.  Figure. 1: Optimal Posture | | | | | |
| **Plan of the home based / remote office** | | | | | |
| * You agree to provide a plan/photograph of the home-based work office if requested | € | | | € | |
| **Remote Access** |  | | |  | |
| * The employee has remote access to IT systems or cloud-based systems are in place to allow remote working. | € | | | € | |
| * The employee has internet access working at home or at the remote location | € | | | € | |
| **Work Surface** |  | | |  | |
| * The area of the work surface is adequate for the tasks to be performed (ie. similar work space to that used while the person is at the office) | € | | | € | |
| * The most frequently used items are within easy reach from the seated position | € | | | € | |
| * There are no sharp contact points on the workstation or other equipment | € | | | € | |
| **Chair** | | | | | |
| * I have a comfortable, adjustable chair which supports my posture (see Figure 1) | € | | | € | |
| * The seat height, seat tilt, angle and back rest are all adjustable | € | | | € | |
| * The chair has a 5-point base to ensure stability (does not slip or roll) on the floor | € | | | € | |
| * There is adequate lumbar support and padding | € | | | € | |
| * The chair height is adjusted so that feet are flat on the floor and knees are bent at right angles with thighs parallel to the floor | € | | | € | |
| * The seat back is adjusted to support the lumbar curve of the lower back | € | | | € | |
| * The seat pan tilt is adjusted so that hips and tops of thighs are at right angles or slightly greater | € | | | € | |
| * Chair arms are not present or are low enough to easily clear the desk | € | | | € | |
| **Desk** |  | | |  | |
| * The desk, whether fixed height or adjustable, is suited to my height | € | | | € | |
| * There is adequate leg room under the desk, and no clutter | € | | | € | |
| * A footrest is available if needed | € | | | € | |
| **Laptop (complete if applicable)** | | | | | |
| * In the event of using a laptop computer: | |  |  | |
| * + a laptop stand is used to raise the laptop screen such that it is the same height as the user’s eyes | | € | € | |
| * + an external keyboard and mouse is used with the laptop | | € | € | |
| **Keyboard and Mouse** | | | | | |
| * Keyboard to user distance allows user to relax shoulders with elbows close to the body | € | | | € | |
| * Keyboard position is flat and in front of the screen | € | | | € | |
| * Mouse is placed directly next to the keyboard, fits hand comfortably and works freely | € | | | € | |
| * Mouse is at same level as the keyboard | € | | | € | |
| **Monitor** | | | | | |
| * Monitor height is adjusted so top of the screen is level with or at slightly lower height than eye level (approx. 400mm above the work surface) | € | | | € | |
| * Monitor is approx. arm’s length from user | € | | | € | |
| * Monitor is positioned to avoid glare ie. perpendicular to window or other strong light source | € | | | € | |
| **WHS Measures** | | | | | |
| * I know I should break from sitting every 30 minutes for 1-2 minutes to stretch working muscles & will endeavour to do so | € | | | € | |
| * I will take micro-pauses and rest breaks (5-10 seconds every 5-10 minutes) when performing prolonged periods of keying | € | | | € | |
| * I will scroll my work up to the top half of the monitor to reduce neck bending | € | | | € | |

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| **4. Emergency procedures, incidents and check-in** | **Yes** | | **No** |
| **Emergency Exit** | | | |
| * Path to the exit is reasonably direct | | € | € |
| * Path to the exit is sufficiently wide and free of obstructions or trip hazards to allow unimpeded passage | | € | € |
| **Fire Safety** | |  |  |
| * A smoke detector is installed in/near the designated work area and is properly maintained? | | € | € |
| * + If yes, test them. Did all the alarms pass the test? | |  |  |
| * + If an alarm failed, arrange to have this fixed ASAP. If smoke alarms are not fitted, it is advised that installation is considered | |  |  |
| **Other WH&S Matters** | | | |
| * Telephone or other communication devices are readily available to allow effective communication in an emergency situation | € | | € |
| * Emergency contact numbers and details are known, i.e. 000 for fire, ambulance or police | € | | € |
| * Access to first aid supplies is available | € | | € |
| * Do you agree to promptly report any safety incidents & near misses using the business’ incident reporting system? | € | | € |
| **Individual factors** | | | |
| * The employee’s fitness and health is suitable to the tasks to be undertaken | € | | € |

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| **5. Other matters to consider** |  |  |
| **Detail any other matters you want your Manager to consider as part of your application to work remotely** | | |
|  | | |

**Step 2 – Manager Review & Approval[[1]](#footnote-1)**

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| --- | --- | --- |
| **Review** | **Yes** | **No** |
| * The Team Member’s Application Checklist has been reviewed. | € | € |
| * Based on the information provided by the Team Member above: |  |  |
| * + The Team Member’s application to work remotely is approved because:     - The person has demonstrated the requisite degree of self-organisation, motivation, etc. to work independently from home; and     - I am confident that the safety and wellbeing requirements are met to approve to work from home. | € | € |
| * + Because the Team Member answered “NO” to a question, the Team Member must now make corrections and/or changes to their work environment as detailed below before their application to work remotely will be approved. | € | € |
| * + Because the Team Member answered “NO” to a question, they must now resubmit a revised and updated Application Checklist after they have addressed the below issues. | € | € |

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| --- | --- | --- |
| **Checklist Item** | **Correction required and by who and when** | **Date to be corrected** |
| *Example:*  *Unsatisfactory chair* | *An ergonomic chair will be purchased by person requesting working from home arrangements* | *Within 2 weeks* |
|  |  |  |
|  |  |  |
|  |  |  |

| **Agreed & Approved Remote Working Arrangement** | | | | |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Confirmed & agreed remote working arrangement**  eg. Working 1 day a week remotely and typically from home office | | | | | | |
| **Is the approved remote working arrangement** | € Ongoing  € Ad hoc | | € Temporary (specify start & end dates) | | | |
| **Review date (if applicable)** |  |  |  |  | | |

|  |  |
| --- | --- |
| **Signed by Manager** |  |
| **Name (Please print)** |  |
| **Position** |  |
| **Date** |  |

**Manager Task | Provide the Team Member with a copy of this form & place a copy on their HR file**

1. The Team Member’s Manager must complete Steps 2 & 3 before the Team Member starts working remotely. Additionally, Step 2 corrections must be completed and actioned before approval is given and authority to work from home is granted unless pre-approval has been given Manager (ie. they have signed Step 3). [↑](#footnote-ref-1)