**PILOT BLENDED WORKING APPLICATION FORM**

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| **PART 1 – APPLICATION** |
| **Applicant Name:****Applicant Staff Number:****Dept/School/Unit:** |  |
| **Current Work Pattern** Full Time, Part Time, Job Share |  | **Head:** Makes Decision |  |

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| I understand and accept the Pilot Blended Working Policy, the Declaration Form and [Risk Assessment Form](https://www.ucc.ie/en/media/support/healthandsafety/newdocumentation/19.3.4VDSERA.xlsx) | Yes/No |
| I have discussed with my manager the request for blended working, taking into account the documents referenced above and my application form reflects this discussion | Yes/No |
| I confirm that the information included in this form is accurate | Yes/No |

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| * 1. **Business Needs**

Does your role fulfil the criteria set out in the Pilot Blended Working Policy?  | Yes/ No  |
| * 1. **Blended working pattern:**

Number of days per week working remotely:Please identify days of week as appropriate: |  |

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| **APPLICANT DECLARATION**  |
| I …………………….confirm that:* I have read, understand and accept the Pilot Blended Working Policy, including the appendices.
* I have completed the Pilot Blended Working Application Form and Health and Safety Risk-Assessment Form.
* I have discussed my request for blended working with my manager and I have completed the Application Form based upon that discussion. The information included in the Application Form is true and accurate, and reflects the discussion with my manager.
* I have discussed and understand the expectations regarding my goals, role and performance indicators when working remotely and in the office.
* I will inform my Head where there is a change in circumstances impacting eligibility criteria, including any change to my role, performance or location of my designated workstation.
* I have identified a single designated remote workstation and I understand this will need to meet all health and safety requirements as set out in the Pilot Blended Working Policy.
* I have provided a copy of the Health and Safety Self-Assessment Form before commencing blended work to my Line Manager/Head.
* I will cooperate with any risk assessment, or other employer requirements, to ensure health and safety at work, taking reasonable care of myself and other people who may be affected by the work I am doing.
* I will not make any changes to my workstation without authorisation from my manager.
* I will report any work related incident to my Line Manager/Head and participate in/comply with any subsequent investigations. My workstation allows compliance with data security and applicable confidentiality standards.
* I will continue to comply with all of my obligations as a University employee, including all legislative obligations, and remain bound by all relevant organisational policies and procedures.
* I agree that blended working is granted to me on a pilot basis, after which a decision will be made as to whether to continue the arrangement.
* I can connect to a work computer via my own reliable broadband connection.
* I will be contactable by phone, email or other established method during regular hours and be available for online conference calls.
* My employer’s work premises/office remains the primary place of work, my pattern of attendance may change, and I may be required to attend on any work day, as and when required in line with business needs.
* My working hours will not change, unless agreed with my manager.
* My existing terms and conditions of employment continue to apply when I am availing of a blended working arrangement, whether I am working remotely or in the work premises/ office. I continue to be bound by the same standards and behaviours whether working in the office, or remotely.
* I will have no automatic right to a dedicated workstation when attending the office / work premises, unless access to specialist equipment or special provisions are required in the workplace.
* I will not use my home for in-person work related meetings.
* I will not work remotely outside of Ireland/Northern Ireland, except where my role requires it as part of my official duties.
* I agree that blended working is not an entitlement, or term of employment. The arrangement may be terminated at any time, on reasonable notice.
* Blended working must not be used as a substitute for annual leave or sick leave. While blended working may have benefits for persons with caring responsibilities, any caring responsibilities must take place outside of working time.
* I agree that future promotion/transfer/mobility opportunities will impact on blended working arrangements and a new application will have to be raised on assignment to a new position.
* I will return all employer’s equipment/property to the Unit/Office upon ceasing the blended working arrangement, or upon request by the employer.
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| Applicant Signature:  | Date: |

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| **PART 2 – HEAD’S DECISION** |
| I confirmed with the line manager that the applicant’s performance standards and delivery of results against defined metrics/deliverables, as appropriate, satisfies the requirement for Blended Working. | [ ] Yes [ ] No |
| **Head’s Decision – Approved for Blended Working** | [ ] Yes [ ] No |
| **If Yes:****The following arrangements are proposed following discussions between the applicant and their line manager:**• Blended working pattern: [number of days per week working remotely] The days concerned will be:• Start date for blended working arrangement: [insert date]*Note: Blended working should also form part of any performance related discussion, e.g. PMDS/probation* |
| **If No:****Please provide the reason(s) for your decision:**Does not meet the following requirements: |
| **Head’s Signature:** | **Date:** |
| **If Yes**:Communication to issue from line manger to applicant stating: • Decision has been approved• Blended working arrangement cannot commence until H&S assessment approved. **If No:** - Communication to issue from line manager to applicant stating:• Decision has not been approved and provide reason(s) |
| ***Completed application forms should be retained locally for recording purposes.*** |