

## Blended Working Application & Declaration Form

**HR-GEN-047-F**

This form is to be used by Rotunda employees to apply for blended working under the terms of the Blended Working Policy for the Public Health Service.

### Section 1: To be completed by the employee

<b>Surname:</b>		<b>First name:</b>	
<b>Grade:</b>		<b>Personnel No:</b>	
<b>Location:</b>			
<b>Contact phone no:</b>		<b>Email Address:</b>	
<b>Current working hours:</b>		<b>Current days of attendance:</b>	
<p>I confirm I have read, understand and accepted the Blended Working Policy and the Application Declaration Form below Yes <input type="checkbox"/> No <input type="checkbox"/></p>			
<p>I have not applied for blended working in the last 12 months? Yes <input type="checkbox"/> No <input type="checkbox"/></p>			
<b>Proposed Start Date:</b>			

### Section 2: To be completed by the employee

Please detail blended working pattern requested:

### Section 3: Declaration & Undertaking

- I have read, understand and accept the Rotunda Blended Working Policy.
- I have identified a single designated remote workstation and I understand this will need to meet all health and safety requirements in line with legislation and as set out in the Rotunda Blended Working Policy.
- I will cooperate with the Rotunda risk assessment process, 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 manager 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 an employee, including all legislative obligations, and remain bound by all relevant organisational policies and procedures
- I agree that blended working will be granted to me, in the first instance, on a trial 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/service needs.
- My working hours will not change, unless agreed with my manager.
- I will have no automatic right to a dedicated workstation when attending the office / work premise.
- I will not use my home for in-person work related meetings.
- I will not work remotely outside of Ireland/Northern Ireland.
- I agree that blended working is not an entitlement, or term of employment. The arrangement may be terminated at any time, on reasonable notice.
- I accept that blended working must not be used as a substitute for annual leave, sick leave or any other type of leave to which I may be entitled. 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 new position.
- I will return all employer's equipment/property to the Department/Office upon ceasing the blended working arrangement, or upon request by management.
- I declare that all information given by me in this application is true and complete.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Section 4: To be completed by Line Manager**

A role suitability exercise based on service needs has been conducted and this role is deemed suitable for blended working Yes  No

***\*Please see attached Role Suitability Exercise Form***

I have conducted an assessment of the employee's suitability for blended working  
Yes  No

***\*Please see attached Employee Suitability Form***

An assessment of the employee's designated workstation by a competent person has taken place and it has been found suitable (copy of assessment attached) Yes  No

My decision is that the application is:

Approved  Refused

If application is approved, there will be a review period in 3-6 months following approval:  
Please insert review date:

If application is refused please outline reasons for refusal:

Signature: \_\_\_\_\_ Date: 

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Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Contact Telephone No: \_\_\_\_\_

Email Address: \_\_\_\_\_

<b>To be completed by Human Resources:</b>	
Approved by :	
Grade/Title:	
Date:	
Contact Details:	
Comments:	