**Staff survey: Preparing for homeworking or flexible working**

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|  | **Question** | **Response** |
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| **About the employee** | |  |
| 1 | Name |  |
| 2 | Job title |  |
| 3 | Department or team |  |
| 4 | Manager |  |
| **Personal situation, vulnerabilities and dependencies** | |  |
| 5 | Are you pregnant, or do you have a weakened immune system or a long-term medical condition such as diabetes, cancer, chronic lung disease or respiratory conditions such as asthma? | Yes/No |
| 6 | Do you live with anyone who is pregnant, has a weakened immune system or a long term medical condition such as diabetes, cancer, chronic lung disease or respiratory conditions such as asthma? | Yes/No |
| 7 | Do you have any regular caring responsibilities for children under the age of five, sick or elderly relatives? | Yes/No |
| 8 | If schools/nurseries were to shut, would your ability to work be significantly affected? | No, there would be no impact No, provided I was based at home To some extent – I could share childcare responsibilities with others Yes, I would need to look after my child/children full-time Not applicable |
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| **Working from home** | |  |
| 9 | Do you need to use public transport to get to work? | Yes/No |
| 10 | Do you currently work from home? | Yes, regularly Yes, occasionally No |
| 11 | What proportion of your job could be done working from home? | All Most Some Very little None |
| 12 | Do you have the necessary physical equipment (computer, phone, desk, papers etc) to work from home if this was needed? | Yes Some (please specify what else is needed) No (specify what is needed) |
| 13 | Do you have the necessary applications or software to work from home if needed? | Yes Some (please specify what else is needed) No (please specify what is needed) |
| 14 | If you were to work from home, do you require remote access to the company network, information management system, or work-specific platform? | Yes (please specify what is needed) No Unsure |
| 15 | Do you have access to a reliable and secure internet connection? | Yes/No |
| 16 | Are the computer and devices you would use for homeworking your own equipment? | Yes, all my own equipment (please specify what these are) Some (please specify what these are) No |
| 17 | Are you able to use call forwarding to take calls at home or on your mobile? | Yes/No |
| 18 | What additional equipment would you need to work from home for a sustained period of time? Consider any restrictions around equipment or space that needs to be shared in your household. | Please specify |
| 19 | Do you have the means to easily communicate with your manager or colleagues, to share progress and stay up to date with work projects? | Yes (please specify method(s)) No Unsure |
| 20 | Will you require additional training or support to work from home or to use any remote working systems? | Yes (please specify) No Unsure |
| 21 | For how long could you work from home before your work productivity is seriously affected? | 1 day 1 week 1 month More than 1 month Other (please specify) |
| 22 | What business tasks would you be unable to perform from home? | Please specify |