**Now that we are starting to plan our return to the workplace, we would like your views on how we, as your employer, can change working life for the better.**

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| --- | --- |
| **Question** | **Answer** |
| **About the Employee** |
| What is your job title? |  |
| What department do you work in? |  |
| Are you full-time or part-time? |  |
| Do you already have in place flexible working? (E.g. do you start work at a different time to other staff?) |  |
| **Personal Situation/ Dependencies** |
| Have you currently been advised by the NHS to “shield” as a result of being considered extremely vulnerable to Covid-19? |  |
| Do you care for anyone who has currently been advised by the NHS to “shield” as a result of being considered extremely vulnerable to Covid-19? |  |
| Are you pregnant, or do you have a weakened immune system or a long-term medical condition? (diabetes, cancer or respiratory condition such as asthma etc.).  | YES or NO |
| Do you live with anyone who is pregnant or who has a weakened immune system? | YES or NO |
| Do you have regular caring responsibilities either for children or sick or elderly relatives? |  |
| Would you be affected if schools or nurseries were shut?  | YES or NO |
| **Thoughts on Working from Home** |
| What have you liked about working from home? |  |
| What have you disliked about working from home? |  |
| Have you received adequate support from your employer, manager and team whilst working from home? If no, please specify why.  | YES or NO |
| Do you have the necessary equipment to work from home? If no, please specify what equipment you would need to perform your role at home 100%.  | YES or NO |
| Have you had any trouble connecting to a secure internet connection?  | YES or NO |
| Have your customers/ clients had difficulties contacting you via telephone? | YES or NO |
| Have you received any feedback from customers/ clients in relation to you working from home? If so, please specify this here. |  |
| How much would you consider your productivity was affected working from home? (%)  |  |
| Were there any tasks that required you to attend the workplace to perform adequately. If no, please specify.  | YES or NO |
| **Flexible Working** |
| How important is flexible working to you? | EssentialVery ImportantSomewhat ImportantNot so Important Not Important at all |
| Do you need to use public transport to get to work? | YES or NO |
| How much time do you spend travelling to and from work? | Less than 20 minutes20-40 minutes40-60 minutes1 – 2 hours2 – 3 hours |
| Are you concerned about returning to work? If yes, please specify why.  | YES or NO |
| Are there any way in which you believe the Company could help mitigate, or at least reduce and continue to monitor concerns about returning to work? |  |
| What percentage of your role do you believe you could perform adequately at home? | 100%, 75%, 50%, 25%, 0% |
| What percentage of your time would you like to work from home and what percentage of your time would you like to work from the office? (The total must add up to 100%).  | From Home:From Work: |
| What do you believe is the main advantage of you working from home? |  |
| What do you believe is the main disadvantage of you working from home? |  |
| Please specify what types of flexible working you would like us to consider.  |  |

**If you have any other comments or concerns, please specify in the box provided below:**