

121 Consultation Meeting

C3W

APPENDIX 'B'

AGENDA ITEM 6(B)

The purpose of this form is to ensure that all employees have the opportunity to discuss the new ways of working with their manager during the formal consultation period. This includes the relocation to Wallfields and the opportunities of flexible working/home working.

The information collected is to assist both the manager and employee to explore the implications and possible solutions to the changes faced. This will assist the C3W Programme Group in maintaining an up-to-date staff list.

It is essential that all staff changes are fed back from managers to HR in order to keep this information current. Managers must inform HR of new staff members including temporary workers, staff going on leave i.e. maternity leave or secondment as well as staff who are leaving the team.

This 121 consultation form should be completed only by way of a personal meeting with the employee and on completion sent in team batches to Lucy Birch, HR.

Please print in BLOCK CAPITALS when completing this form

Placement Student (PS)

Temp worker (TW)



Are you on a fixed term If yes please state end				
Are you on a secondme	ent? Yes	/No		
If yes please give detail	ls and en	d date		
If you are part time wha	nt days of AM	f the week PM	do you work on?	
Monday	AW			
Tuesday				
Wednesday				
Thursday				
Friday				
Do you work at the wee	kend? If	so, on wl	nat day and how often?	
For managers – please they are (definitions in				y of worker
		Hov	w often do you work fro	m home?
Always in (the office))		More than once a week	
In & out			Once a week	
Mostly out			Once a fortnight	
Home worker			Once a month	
			Occasionally	
			Never	



Current start time:		Current Finish time:	
Before 8.00 am		Before 4.00pm	
8.00am – 8.30am		4.00pm – 4.30pm	
8.30am – 9.00am		4.30pm – 5.00pm	
9.00am – 9.30am		5.00pm – 5.30pm	
9.30am – 10.00am		5.30pm – 6.00pm	
After 10.00 am		After 6.00pm	
If you already work flexibly times	please inc	dicate your regular start a	and finish
SECTION 3 – MOBILE WOR	•		erent types of
What types of mobile work	ing would	be of interest to you?	
Home working			
Flexible working (having work/home base) Field based			
Job sharing			
Compressed hours			
Term time only			
What type of working patte based/2 days home based)	rn would k	oe of interest to you? (e.g	. 3 days office



Would you like to explore	e any of the following opt	ions?
Career break		
Secondment		
Flexible retirement		
Part time hours		
_	exi scheme hours (curi cate to Wallfields or work	rent flexi hours 8.00am to more flexibly?
Please give details		
Would you like to be con	sidered as an 'Early Ado	oter' (definition in guidance
_	your work pattern? Yes/	
document) for changing SECTION 4 – TRAVEL	your work pattern? Yes/	
document) for changing SECTION 4 – TRAVEL How do you/would you to	your work pattern? Yes/	No
document) for changing SECTION 4 – TRAVEL How do you/would you to Car Train	your work pattern? Yes/ ravel to Wallfields? Bus	Walk Other
document) for changing SECTION 4 – TRAVEL How do you/would you to Car Train	ravel to Wallfields? Bus Cycle currently travel to work?	Walk Other
document) for changing SECTION 4 – TRAVEL How do you/would you to Car Train How many miles do you Would your journey to w	ravel to Wallfields? Bus Cycle currently travel to work?	Walk Other



5-9 miles	
10-14 miles	
15-19 miles	
20-25 miles	
25+ miles	
How often do you need you visits/meetings?	ur car during your work day to make off site
Every day 3-4 times a week 2-3 times a week 1-2 times a week Once a week or less Never	
Do you have a lease car? Y	es/No
Do you have a car allowand	ce? Yes/No
Would you use a pool car?	Yes/No
Would you be interested in	car-sharing? Yes/No
SECTION 5a – DISABILITY	(for definition, please see guidance notes)
Do you have a disability? `	Yes/No
Do you currently have any	adjustments to your work station? Yes/No
Please give details below of assessment (if you have or	or attach a summary of requirements/ risk ne)



Would you find it beneficial to discuss your needs with a specialist disability assessor? Yes/No

Do you currently have a disabled parking space? Yes/No

SECTION 5b - CARING

Do you currently have any caring communents? Tes/No
Would these present any difficulties for you following the move? Yes/No
Details:
How do you think these can be resolved?
Details:
SECTION 6 –TECHNOLOGY
What ICT provision do you currently use?
Shared Desk Top PC
Lap Top/Docking station Work Mobile Phone
Other
What programmes do you need access too?



We are moving to a set up where mobile working will be enabled – What do you feel you will need to undertake this?
Do you think you need any additional training on ICT programmes? Yes/No
If yes, please give details
Do you have the use of a home PC? Yes/No
If it were offered, do you feel that you will want to make use of new technology that will allow you to access EH systems and email from your own home pc via broadband connection? (Note: employees with access to the DWP's data cannot use their own PC. It is a requirement of Gov Connect) Yes/No
SECTION 7 – ADDITIONAL INFORMATION
Is there anything that could make you feel more confident about changing the way you work?
Can you foresee any other difficulties in changing the way you work (relocation/mobile working)?



How could these difficulties be resolved?
Manager/HOS action to be taken following this meeting
Employee action to be taken following this meeting
If you have any change in circumstances following this meeting and before
If you have any change in circumstances following this meeting and before the move takes place please inform your manager or HOS.
If you have any change in circumstances following this meeting and before the move takes place please inform your manager or HOS. Signed:
If you have any change in circumstances following this meeting and before the move takes place please inform your manager or HOS. Signed: Employee