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| **HOME WORKING VIABILITY CHECKLIST** | | | | |
| **Name of Person/Role being assessed for**  **working from home:** | |  | | |
| **Considerations** | **Y** | | **N** | **Additional Comments / Action Required** |
| Will service needs or customer demands be affected? |  | |  |  |
| Will homeworking have a significant impact on the efficiency of the office and service? |  | |  |  |
| Is it possible for the individual’s work to be done in the home environment? |  | |  |  |
| Are there implications for the supervision and monitoring of the employee’s work and is the individual self-disciplined and able to work without close supervision? |  | |  |  |
| Does the employee have suitable accommodation at home, i.e. free from distraction? |  | |  |  |
| Does the company need to supply suitable IT and other equipment for the employee? |  | |  |  |
| Are there suitable facilities for connections to be made, e.g. broadband link? |  | |  |  |
| Does the employee need access to files which should not be taken home? |  | |  |  |
| Is working closely with the team or colleagues in other departments a key element of the individual’s work? |  | |  |  |
| Is the work of a confidential nature so that secure storage arrangements at the person’s home will be required? |  | |  |  |
| Are there any safety implications for work colleagues? |  | |  |  |
| Will the individual’s work activities have to be reviewed or changed in order to accommodate homeworking? |  | |  |  |

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| Do you need any special arrangements to be in place to contact the employee? |  |  |  |
| Have you carried out a suitable risk assessment for this person’s work at home scenario? |  |  |  |
| Is the employee a suitable candidate for working at home? |  |  |  |
| Have you set up suitable terms and conditions for employees working at home? |  |  |  |
| Does your Employers’ Liability Insurance cover include employees working from home? |  |  |  |
| Decision: | | | |
| Comments: | | | |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| [Where homeworking is approved – refer to Risk Assessment Home Working to ensure all aspects of health and safety are in place for the individual employee/s working at home] | | | |