

Blended Working Application & Declaration Form

This form is to be used by HSE employees to apply for blended working under the terms of the HSE Blended Working Policy for the Public Health Service. Please refer to the Policy at this link
<https://www.hse.ie/eng/staff/resources/hr-circulars/hr-circular-033-2022-hse-blended-working-policy-for-the-public-health-service.html>

Section 1. To be completed by the employee

Surname:		First Name:							
Grade:		Personnel No:							
Location:		PPS No:							
Contact phone no		Email address							
Current working hours		Current days of attendance							

I confirm I have read, understand and accepted the Blended Working Policy and the Applicant Declaration Form below Yes No

I have not applied for blended working in the last 12 months? Yes No

Proposed Start Date								
Review Date (3 – 6 months from commencement)								

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 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 Blended Working Policy

- I will cooperate with the HSEs' 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 3. To be completed by the manager/decision-maker											
A role suitability exercise based on service needs has been conducted and this role is deemed suitable for blended working Yes No											
I have conducted an assessment of the employee's suitability for blended working and found the employee suitable Yes No											
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 Please () Tick one											
If Application is refused outline reasons for refusal											
Signature:	Date: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>										
Name:	Grade:										
Contact Phone Number :											
Email Address:											