|  |  |
| --- | --- |
| Applicant: | Date: |
| Line Manager: | Service: |

**1 Reason for request**

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|  |

**2 Eligibility Criteria**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Agree** | **Disagree** | **Comment** |
| **Nature of Job** |  |  |  |
| * Does not require daily face to face contact with others
 |  |  |  |
| * Does not require frequent daily access to manual files
 |  |  |  |
| * Has clear outcome or end product
 |  |  |  |
| * Requires long periods of concentration
 |  |  |  |
| * Work can be transmitted electronically or by hand
 |  |  |  |
| **Nature of Individual** |  |  |  |
| * Is self disciplined
 |  |  |  |
| * Is self motivated
 |  |  |  |
| * Requires minimum supervision of tasks
 |  |  |  |
| * Is good manager of time and workload
 |  |  |  |
| * Is able to work on own initiative
 |  |  |  |
| **Nature of Home Circumstances** |  |  |  |
| * Is there a suitable work station in the home (e.g. desk/chair)? If no, is there space for office equipment?
 |  |  |  |
| * Has suitable arrangements for ensuring security/confidentiality of data, information and documentation
 |  |  |  |
| * Has suitable wifi access?
 |  |  |  |
| * Does not have dependents on the premises requiring their attention during working hours
 |  |  |  |
| **Impact on Team/Service Provision** |  |  |  |
| * Would not affect team morale adversely
 |  |  |  |
| * Would leave team effectiveness either unchanged or improved
 |  |  |  |
| * Would not involve increased workload for other team members
 |  |  |  |
| * Would leave level of service provision either unchanged or improved
 |  |  |  |

**3 Costs/Benefits**

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| Costs to Service (Direct and Indirect) |
|  |
| Benefits to Service (Direct and Indirect) |
|  |

**4 Assessment Statement**

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|  |

Decision: Yes

 No

Signed……………………………… Signed………………………………..

Head of Service Line Manager