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

**1 Reason for request**

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**2 Eligibility Criteria**

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|  | **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) |
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| Benefits to Service (Direct and Indirect) |
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**4 Assessment Statement**

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Decision: Yes

No

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

Head of Service Line Manager