# Appendix 2: Homeworking Self-assessment Checklist

This form should be completed initially by the home worker and returned to the line manager. Any matters of concern should be resolved before home working commences, if at all possible.

**Name:**

**Department:**

**Address of homeworking/remote working site:**

|  |  |  |
| --- | --- | --- |
| **Please tick the boxes to confirm you will carry out or have carried out the necessary actions** | | |
| I am able to work from home and confirm that I have read and understood these guidelines. |  |
| I agree to complete an HSE Display Screen Equipment self-assessment, return to the DSE coordinator, discuss the recommendations with my manager, and agree with them the suitability of working from home for my individual circumstances. |  |
| I will inform my manager of changes to my home or personal circumstances, which could affect the suitability of homeworking for me such as a change in caring responsibilities. |  |
| If required, I will inform my landlord/mortgage provider of my intention to work at home. |  |
| If required, I will notify my insurance company of my intention to work at home and inform them of any additional equipment which has been provided by the CCG. |  |
| I agree to take reasonable steps to ensure the safety and security of CCG equipment and data. |  |
| I am aware of and understand my responsibility to notify my manager when I am absent from work due to sickness or for any other reason. |  |
| I understand that if I have an accident while working remotely I must inform my manager as soon as is practicable, seek appropriate medical help, and record the incident through completing an Accident Incident Report. |  |

**Employee signature:**

**Date:**