

**London Borough of Tower Hamlets**  
**Human Resources and Workforce Development**

**FLEXIBLE WORKING APPLICATION FORM – SCHOOLS**

<b>Employee Details</b>
Name.....
Job Title.....
School.....
Tower Hamlets Start Date.....

**Current working pattern:** (should include details of hours/days per week, location etc.)

<b>Monday</b>
<b>Tuesday</b>
<b>Wednesday</b>
<b>Thursday</b>
<b>Friday</b>

**Proposed new working pattern:** (should include details of hours/days per week, location, job share, part time, technology required etc.)

<b>Monday</b>
<b>Tuesday</b>
<b>Wednesday</b>
<b>Thursday</b>
<b>Friday</b>

**How do you measure your performance in your job? E.g. Appraisal /Teachers standards**

**Are there any benefits that your team/department/the school would gain from your proposed flexible working arrangement?**

**Do you envisage requiring any additional technology/resources?**

**Do you envisage any additional costs?**

**Will you need to change your working practices? If so, how?**

**How will your request impact on the school and what are the benefits of your proposed flexible working arrangement?**

**Do your colleagues require any additional briefing/technology to support your proposed flexible working arrangement?**

**How do you suggest overcoming any potential problems with:**

<b>a) pupils/internal customers</b>	
<b>b) your manager</b>	
<b>c) your colleagues</b>	
<b>d) external customers</b> e.g. Officers of the LA, external agencies etc.	

**How will you communicate effectively when (if) you are away from the school?**

**Declaration of Applicant**

I confirm that the above details are accurate and have read, understood and accepted all the attached conditions (please read the scheme carefully and keep it for your information) and will commit to the hours of work for an agreed period by my head teacher which will be reviewed on a regular basis.

Employee's Signature .....

Date .....

***Please retain a copy of this form for your own records and return the original Form to your Head teacher***

**HEAD TEACHER'S AUTHORISATION**

**NAME:**

**SCHOOL:**

**I do / do not approve the application \* (*delete what is not applicable*)**

**(If declined, please state the business ground(s) why the request cannot be accepted and provide an explanation of why the business reasons apply in the circumstances.)**

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**Signed** .....

**Date** .....