

Flexible Resourcing 2020

Dear colleague

We need to make plans to ensure the people who rely on our services continue to get what they need to stay safe and well. This is where you come in.

In the coming weeks you might be asked to be flexible in the work that you do, and undertake alternative work to support the delivery of our services.

We are asking that you help in any way you can to support us in delivering our services.

We've put together the questionnaire below to see what you would be in a position to do. If a role is outside of your normal scope of work and training is practicable, you will be trained.

Please answer all of the questions. Your answers will be held confidentially within the HR service for the purposes of flexible resourcing only, and only for as long as the flexible resourcing project is live, and we may be in contact to discuss what this means for you. You will be informed before you are personally identified to any manager. There will be FAQ's available to answer your most common questions.

Please make this a priority, so we can help you, help others. We are aiming for all questionnaires to be completed and submitted by **Monday 30th March 2020**. We appreciate your commitment to this and your continued support during this challenging time.

Section 1 - About You

First Name

Last Name

Name known by (if different from the above)

Employee number (Res ID)

Home Address Line 1

Home Address Line 2

Home Address Line 3

Town

County

Post Code

Personal Telephone Number

Work Landline (full number, not just extension)

Work Mobile

Personal Email Address

Work Email Address

Section 2 - Annual Leave

If you have no annual leave booked, please move onto the next page. If you have booked any leave, please let us know the start and finish dates using the boxes below.

Start of leave

End of leave

Start of leave

End of leave

Start of leave

End of leave

Start of leave

End of leave

Section 3 - Driving

Do you have a current driving license?

- Yes No

Do you have access to a car and are insured to drive?

- Yes No

Do you have business insurance for your car?

- Yes No

If you can drive, how many miles are you willing to travel to work from your home?

- 0 - 5 miles 20 - 25 miles
 5 - 10 miles 25 - 30 miles
 10 - 15 miles 30 - 40 miles
 15 - 20 miles Other amount

What is the maximum number of miles you would be willing to travel?

Section 4 - Your Current Role

Director Area

--Click Here--

- Adult Care and Community Wellbeing
- Chief Executive
- Children's
- Commercial
- Corporate Services
- Fire and Rescue and Community Safety
- Place
- Resources

What is your job title?

Current Workplace

Address Line 1

Address Line 2

Address Line 3

Town

County

Postcode

Your Managers Name

Your Managers Contact Number (mobile where possible)

Your Managers Email

Has your manager confirmed that you could be released from part or all of your role to do other work?

Yes

No

Please ensure this conversation is held with your manager as soon as possible. You can continue with the questionnaire, after you submit your response please speak to your manager about this.

How many hours per week can you be released for?

What hours do you currently work?

Using the 24 hour clock, please specify which hours you work on which day E.g. 08:00 – 20:00 etc.

If you do not work on a day, please leave the box empty

Monday

Start

Finish

Tuesday

Start

Finish

Wednesday

Start

Finish

Thursday

Start

Finish

Friday

Start

Finish

Saturday

Start

Finish

Sunday

Start

Finish

Section 5 - Filling a Critical Role

Could you work outside your current working hours

Yes

No

**Using the 24 hour clock, please specify which hours you could work on which day?
E.g. 08:00 – 20:00 etc.**

Monday

Start

Finish

Tuesday

Start

Finish

Wednesday

Start

Finish

Thursday

Start

Finish

Friday

Start

Finish

Saturday

Start

Finish

Sunday

Start

Finish

What type of contract of employment do you have?

Full time

Part time

Relief contract

Permanent

Temporary/fixed term

What is the end date of your contract?

Do you need a visa to work?

Yes

No

Are there any restrictions with your visa we should be aware of?

What work related qualifications/memberships do you hold?

Please specify e.g. AAT, MCIPD etc

Do you have a current DBS?

Yes

No

When was your DBS completed?

What organisation did you complete your DBS for?

What level of DBS check do you hold?

- Enhanced with Children's Barred List
- Enhanced with Adults Barred List
- Enhanced with Children's and Adults Barred List
- Enhanced only
- None

Have you registered with the DBS update service?

- Yes
- No

Section 6 - Personal Arrangements

Do you have any caring responsibilities?

Please select all that apply

- Primary school age children
- Secondary school age children
- Vulnerable adult age 16+
- Elderly relative
- None

Is your role classed as a 'priority worker' role?

- Yes
- No

Are you on the vulnerable person's list?

- Yes
- No

Do you have anyone living with you who is on the vulnerable person's list?

- Yes
- No

Are you currently self isolating?

- Yes
- No

Please specify the date isolation commenced

Please specify the date isolation is due to end (if known)

If you do not feel the questions in this section covered your living arrangements or would like to elaborate further, please do so here

Section 7 - Your Skills

Do you have experience in any of the following?

- | | |
|---|--|
| <input type="checkbox"/> Working in children's residential care | <input type="checkbox"/> Working with young people or adults with substance abuse |
| <input type="checkbox"/> Working in young people's supported housing | <input type="checkbox"/> Experience within schools |
| <input type="checkbox"/> Working in youth work | <input type="checkbox"/> Teaching experience |
| <input type="checkbox"/> Working with children/young people with complex needs | <input type="checkbox"/> Working within an environment where domestic abuse is present |
| <input type="checkbox"/> Working with children with disabilities or SEN | <input type="checkbox"/> Home based support for young people or adults |
| <input type="checkbox"/> Delivering therapeutic interventions for children | <input type="checkbox"/> Working in an early years setting |
| <input type="checkbox"/> Working with children, young people or adults with challenging behaviour | |
-

- | | |
|---|--|
| <input type="checkbox"/> Working with older people | <input type="checkbox"/> Working with adults with physical health needs |
| <input type="checkbox"/> Working within adults residential care | <input type="checkbox"/> Working within an environment where domestic abuse is present |
| <input type="checkbox"/> Working with adults with challenging behaviour | <input type="checkbox"/> Home based support for adults |
| <input type="checkbox"/> Working with adults with learning disabilities | <input type="checkbox"/> Care act assessment experience |
| <input type="checkbox"/> Working with adults with mental health needs | |
-

Are you a qualified and registered social worker?

Please tick all that apply

- | | |
|---|--|
| <input type="checkbox"/> AYSE complete | <input type="checkbox"/> Working with children |
| <input type="checkbox"/> Current HCPC/SW England registration | <input type="checkbox"/> Working with adults |
-

Any other information related to your social worker status

Please specify your registration number

Do you have any form of medical training?

Please tick all that apply

- | | |
|--|---|
| <input type="checkbox"/> Teaching experience | <input type="checkbox"/> First aider |
| <input type="checkbox"/> Trained counsellor | <input type="checkbox"/> Occupational therapy |
| <input type="checkbox"/> Qualified nurse | <input type="checkbox"/> Physiotherapy |
| <input type="checkbox"/> Caring experience | |

Any other medical experience (please specify)

Other general skills?

Please tick all that apply

- | | |
|---|--|
| <input type="checkbox"/> Line management/team leader skills | <input type="checkbox"/> Call centre/contact centre experience |
| <input type="checkbox"/> Managing remote teams | <input type="checkbox"/> Coaching skills |
| <input type="checkbox"/> Leading change in a complex environment | <input type="checkbox"/> A licence or previously held a licence and/or previous experience of driving Mechanical Handling Equipment or Heavy Plant |
| <input type="checkbox"/> Project management | <input type="checkbox"/> Category C License (vehicle over 3.5T) |
| <input type="checkbox"/> Crisis management | <input type="checkbox"/> Category D1 License (minibus between 8 & 16 seats) |
| <input type="checkbox"/> Objective decision making (e.g. complex HR decisions, legal meetings, case meetings) | <input type="checkbox"/> Category D License (minibus over 8 seats) |
| <input type="checkbox"/> Customer service | |

Other skills that could be utilised across the Council, please specify:

IT skills?

Please tick all that apply

- | | |
|---|--|
| <input type="checkbox"/> Outlook | <input type="checkbox"/> Intermediate word |
| <input type="checkbox"/> Basic excel | <input type="checkbox"/> Advanced word |
| <input type="checkbox"/> Intermediate excel | <input type="checkbox"/> Power point |
| <input type="checkbox"/> Advanced excel | <input type="checkbox"/> Access |
| <input type="checkbox"/> Basic word | <input type="checkbox"/> Visio |

IT kit

Please tick which IT kit you currently have available to you

- | | |
|---|--|
| <input type="checkbox"/> Laptop & charger | <input type="checkbox"/> Work Mobile & charger |
|---|--|

What is the asset number for your laptop?

Other IT kit, please specify:

Do you have internet facilities available for working from home

Yes

No

Questionnaire Completed

Thank you very much for taking the time to complete this questionnaire. Please click on submit below to send this data through to us.

We will be in contact as soon as we've matched you to a role. If your circumstances change please email us at recruitment@lincolnshire.gov.uk with your contact details only and we will get in touch to discuss.