**Appendix 1**

**FLEXIBLE WORKING APPLICATION FORM**

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| Name: | Dept: |
| Manager: | Organisation start date: |

* I wish to apply to work a flexible working pattern that is different from my current working pattern.
* I understand this application is my statutory right to apply for flexible working

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| 1. Reason for request
 |
| 1. My current working pattern is:

Please provide details of days/hours/times to be worked |
| 1. The pattern I would like to work is:

Please provide details of days/hours/times to be worked |
| 4. I would like this working pattern to commence from: |
| 5. I think this change in my working pattern will affect the ICB and my colleagues as follows: *Please note answering this section is optional* |
| 6. I think the effect on the ICB and my colleagues can be dealt with as follows:*Please note answering this section is optional* |
| 7. Supporting Information*Please note answering this section is optional* |

Do you consider this request a reasonable adjustment in respect of a disability?

Yes No

Signed: Date:

|  |  |
| --- | --- |
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