

Application Form

Name of organisation:			
Name and designation of contact person:			
Work address:			
Postcode:		Tel. No:	
Email:			

Are you applying on behalf of the whole organisation or for one site?	<input type="checkbox"/> Whole organisation	<input type="checkbox"/> Site only
What is your main motivation for applying to the Clock on 2 Health service?	<input type="checkbox"/> Reduce absenteeism <input type="checkbox"/> To be a good employer <input type="checkbox"/> Other (please state)	<input type="checkbox"/> Increase productivity <input type="checkbox"/> To boost morale
Would you be interested in achieving an award?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, what level would you like to aim for?	<input type="checkbox"/> Bronze <input type="checkbox"/> Gold	<input type="checkbox"/> Silver
Date of application:		

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Workplace Assessment Questionnaire

What is the nature of your business			
<input type="checkbox"/> Catering, Accomodation	<input type="checkbox"/> Education, Science, Research	<input type="checkbox"/> Financial Services	<input type="checkbox"/> Government
<input type="checkbox"/> Health & Social Services	<input type="checkbox"/> High Street & Domestic Services (e.g. Post Office/Optician /Estate Agency)	<input type="checkbox"/> Import/Export	<input type="checkbox"/> IT & Telecommunication Services
<input type="checkbox"/> Manufacturing, Maintenance, Installation	<input type="checkbox"/> Media, Publishing, Creative Services	<input type="checkbox"/> Mining, Energy, Utilities	<input type="checkbox"/> Professional, Legal & Business Services
<input type="checkbox"/> Religion	<input type="checkbox"/> Retail, Hire, Repair	<input type="checkbox"/> Transport, Haulage, Distribution	<input type="checkbox"/> Travel, Tourism, Leisure
<input type="checkbox"/> Other			

Background information about your worksite Please indicate approximately how many staff you have?	<input type="checkbox"/> 1 - 10	<input type="checkbox"/> 11 - 50
	<input type="checkbox"/> 51 - 250	<input type="checkbox"/> 250 +

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What proportion of your employees are: Please tick	All	More than half	Half	Very few	None	Don't know
Women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Full Time (35+ hours/week)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Part-time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working shifts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regularly working at different locations other than main site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disabled and/or have special needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Age of workforce	
What % of your workforce is under the age of 45?	
What % of your workforce is over the age of 45?	

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Does your workplace have written policies addressing the following issues?	Yes	No
Health and safety	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>
Healthy eating	<input type="checkbox"/>	<input type="checkbox"/>
Taking care of bones and joints	<input type="checkbox"/>	<input type="checkbox"/>
Managing stress in the workplace	<input type="checkbox"/>	<input type="checkbox"/>
Smoking in the workplace	<input type="checkbox"/>	<input type="checkbox"/>
Work-life balance e.g. flexible working and 'family-friendly' practices'	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please state)		

Sickness absence management	
What % of the workforce were absent due to ill health over the last 12 months?	
Number of staff leaving the organisation due to ill health over the last 12 months?	
What is the average length of sickness leave per employee? (Number of days)	

Eat well	Yes	No
Do you have a staff canteen on site?	<input type="checkbox"/>	<input type="checkbox"/>
Does your organisation ensure healthy choices of food are available in:	Yes	No
The employee restaurant?	<input type="checkbox"/>	<input type="checkbox"/>
Vending machines/trolleys?	<input type="checkbox"/>	<input type="checkbox"/>
At meetings?	<input type="checkbox"/>	<input type="checkbox"/>
Does your organisation provide healthier options for beverages at work? e.g fruit juice and water	<input type="checkbox"/>	<input type="checkbox"/>

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Move more	Yes	No
Do you want your staff to do more physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
Does your organisation provide exercise facilities for employees either on or off site?	<input type="checkbox"/>	<input type="checkbox"/>
Does your organisation organise employee sports or other such events?	<input type="checkbox"/>	<input type="checkbox"/>
Are there arrangements made for the secure storage of bikes on site?	<input type="checkbox"/>	<input type="checkbox"/>
Are there shower facilities provided?	<input type="checkbox"/>	<input type="checkbox"/>

Be flexible	Yes	No	N/A
Does your organisation provide risk assessments for manual handling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your organisation provide workstation assessments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you know if any of your staff suffer with Repetitive Strain Syndrome?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you know if any of your staff have limited movement due to a back or joint problem?	<input type="checkbox"/>	<input type="checkbox"/>	

Feel better	Yes	No
Do you think stress is an issue in your workplace?	<input type="checkbox"/>	<input type="checkbox"/>
Does your organisation:	Yes	No
Provide info to employees on stress?	<input type="checkbox"/>	<input type="checkbox"/>
Offer confidential 1-1 counselling or support to employees experiencing stress?	<input type="checkbox"/>	<input type="checkbox"/>
Are your workforce generally happy ?	<input type="checkbox"/>	<input type="checkbox"/>
Do you know if you have staff with a mental health condition?	<input type="checkbox"/>	<input type="checkbox"/>

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Breathe easier	Yes	No
Do any of your staff smoke?	<input type="checkbox"/>	<input type="checkbox"/>
Do you allow smoke breaks?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a smoking shelter/area?	<input type="checkbox"/>	<input type="checkbox"/>
Do non-smokers complain about smoke/smokers?	<input type="checkbox"/>	<input type="checkbox"/>

Drink safe	Yes	No
Do you have concerns about staff drinking?	<input type="checkbox"/>	<input type="checkbox"/>
Have staff raised concerns about a member of staff's alcohol use?	<input type="checkbox"/>	<input type="checkbox"/>
Are staff allowed to consume alcohol at lunch-time?	<input type="checkbox"/>	<input type="checkbox"/>

Which communication channels are available in your workplace to promote health? (Please tick whichever ones apply)	<input type="checkbox"/> Email	<input type="checkbox"/> Employee newsletter	<input type="checkbox"/> Intranet
	<input type="checkbox"/> Notice boards	<input type="checkbox"/> Displays/signs	<input type="checkbox"/> Training
	<input type="checkbox"/> Team Meetings	<input type="checkbox"/> Staff forums	
	<input type="checkbox"/> Other		

Do you have any other comments or suggestions?

<p>Please return your completed questionnaire with your application form and Healthy Workplace Charter to:</p>	<p>The Clock on 2 Health Team, Bolton NHS, Public Health Team St Peters House, Silverwell St. Bolton BL1 11P</p>
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