

Distributed Work Centre

EMPLOYEE NOMINATION FORM

How to Nominate

- **STEP 1:** Read the Starter Kit
- **STEP 2:** Employee and manager/director/supervisor need to discuss the suitability of the employee to participate
- **STEP 3:** Agree that employee will need to be provided with a suitable technology kit
- **STEP 4:** Employee and manager/director/supervisor fill out this nomination form together
- **STEP 5:** Submit the nomination form

Suitability

The trial is seeking employees with the following attributes:

- Enthusiasm and willingness to participate.
- Ability to identify benefits to both employer and employee.
- Self-sufficient and ability to work autonomously.
- Tech savvy and able to manage their own connectivity.
- Prepared to network with other participants and leverage the benefits of collaboration.
- Flexible and interested in trailing alternative ways of working.
- Prepared to take part in surveys and data collection exercises.

Select the Distributed Work Centre you wish to access

Nominee Details

Name: _____

Nominee’s current residential postcode: _____

Nominee’s current work address:

Nominee’s phone number and mobile number: _____

Nominee’s email address: _____

Nominee’s position title: _____

Name of department: _____

Name of the work unit: _____

I wish to nominate myself to access the DWC and acknowledge the following:

I have read the DWC Starter Kit

I understand that I will be required to undertake surveys from time to time

I understand that no desk phones or printers are provided at the DWC and my employer will need to provide me with a technology kit and a mobile data plan

I understand that my preferred days may not always be available at the DWC

I will still report to my normal manager/supervisor during working days at the DWC

I understand that I will need to complete the induction process prior to commencing use of the DWC

Participants Agreement: _____

Date: _____

Expected Benefits

1. Expected benefits to the employee:

(e.g. reduced commuting time and cost, improved work life balance, more workable family/childcare/school arrangements, spend more time with family, health benefits and wellbeing, etc.)

2. Expected benefits to the employer:

(e.g. ability to be more flexible, increase productivity etc.)

3. Optional Question: Are any of the following applicable to your work/life situation:

(e.g. ability to be more flexible, increase productivity etc.)

Parent/Carer for young children or school age children

Parent/Carer for elderly or high needs family member or relative

Seeking better work/life balance

Seek flexibility to meet leisure or sporting interests

Seek flexibility to enable study or education

Have volunteering commitments

Prefer to reduce amount of commuting (saving time and money)

Limited or inconvenient public transport options

Disability or health reasons make commuting difficult

Partner/spouse is shift worker

Other reasons: _____

Nomination is supported by Manager/Director/Supervisor

This section is to be filled out by the Manager/Director/Supervisor:

Name: _____

Position: _____

Working relationship with nominee: _____

Telephone: _____

Email: _____

Comments regarding suitability of nominee: _____

I confirm my support for the nominated person to access the DWC.

I acknowledge the following:

I have read the DWC Starter Kit and understand the intent of the DWC

I confirm that the role undertaken by the nominated participant is suitable for flexible working

I understand that the participant will need to be provided with a suitable technology kit including a mobile data plan

I understand that I will be required to undertake surveys from time to time

Managers Agreement: _____

Date: _____