



# *Working from Home Office Agreement*



<b>Applicant Details</b>	
Name of Staff Member	
Position	
Home office address	
Home office phone	
Email	
Contact arrangements	
<b>Working from Home Arrangements</b>	
Number of days at home-office worksite	
Number of days at home-office site	
Commencement date of arrangement	
End date of arrangement	
Hours of work per week at home-office	
Specific Reason for home-office	
Outline of agreed deliverables/outcomes to be achieved when working from home-office	
Date of review	/ /
<b>Checklist</b>	
Working from home-office self-assessment checklist attached below	Yes/No

Staff members signature	
Date	/ /
Approved	Yes/No
Supervisors signature	
Date	/ /



# *Working from Home Office - WHS Checklist*

Tick the box for each risk statement below if it is accurate. Note any issues that require further attention at the end of the check-list. All of the boxes should be ticked in order to work from home office.

## *1. Physical Activity*

- Repetitive movement is not continued for long periods without appropriate breaks.
- Breaks involve stretching and changing of posture, and possibly alternating activity.
- Posture is comfortable and in accordance with setting up a computer workstation.

## *2. Work Environment*

- Level of illumination and location of lighting fixtures are suited to the activity.  
Note: lighting level should be sufficient for visual tasks to be completed without eye strain. Greater illumination is generally needed for very fine visual tasks. Natural and artificial light sources should not create glare via reflection on the computer screen or working surface.
- Location, height and other physical characteristics of furniture and computer are suited to the task and take into consideration other factors eg., egress routes and direction of light sources.
- Walk-ways are clear of clutter and trip hazards such as trailing electrical cords.
- The work area is segregated from other hazards in the home eg., hot cooking surfaces in the kitchen.
- There is sufficient ventilation and thermal comfort, regardless of the season.
- There is an accessible restroom available to the client.
- When working with clients that your pathway to the closest exit is clear for your own safety.

## *3. Emergency egress*

- Path to the exit is reasonably direct.
- Path to the exit is sufficiently wide and free of trip hazards and obstructions to allow unimpeded passage.



- If a client becomes aggressive or abusive in any respect that the Policies and Procedures Manual is followed.

#### ***4. Nature of the Hazard***

- Security is sufficient to prevent unauthorised entry by intruders.
- When working in isolation at home, a “call-in” procedure has been established to periodically confirm with the Department that the home worker has not been injured, particularly for more hazardous work.
- Self care and/or Debriefing. Remember to ensure you have strategies that include follow-up debriefing if you are affected by any counselling sessions. Contact your supervising specialist for an appointment.

#### ***5. Electrical***

- Power outlets are not overloaded with double adapters and power boards.
- Earth leakage circuit protection is in place – whether through power boards, or mains.
- Electrical equipment used for work is in good condition and safe.

#### ***6. The Individual Involved***

- The worker’s fitness and health are suited to the tasks to be undertaken.
- Any special needs to ensure health and safety are accommodated.

#### ***7. Other***

- Telephone or other suitable devices are readily available to allow effective communication in emergency situations.
- Emergency contact numbers and details are known ie., 000 for fire, ambulance or police, or specific numbers for Organisation contacts.
- Smoke detectors are installed in/near the work area and properly maintained to provide early warning of fire.
- Incidents are reported promptly to the manager.

List actions or equipment required to work from home:
A safe and comfortable space for client contact
A secure place for client information. Eg. A lockable filing cabinet
A computer with good internet access with a suitable webcam and microphone with speakers



Appropriate stationary to carry out all aspects of case management
A phone

When a determination is made that the person can work from home, sign and date the following:

	Name	Signature	Date
Employee			
Faculty Head			
Date to be reviewed:			

**Please refer to the Upside of Counselling Policies and Procedures Manual. You must complete this declaration prior to working from your Home Office.**

I have read and understood the Policies and Procedures Outlined in the Policies and Procedures Manual

\_\_\_\_\_  
 \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date