**Form - Notification of Work-Related Stress**

Guidance Notes – Please read before completing the form

Through its aim to provide a safe and healthy working environment, the University is particularly committed to addressing any matters relating to stress at work. Stress at work can be caused by a number of factors and support is available to employees who believe they are experiencing stress.

Employees have a duty to take reasonable care for their own health and safety and should raise any concerns with their manager (or to the next manager if appropriate) as soon as possible. In the majority of cases of work-related stress, open dialogue can lead to the removal or mitigation of the stressor at an early stage.

Matters of work-related stress may be raised while an employee is still at work, or alternatively whilst an employee is absent from work.

The form below has been created to facilitate positive dialogue around perceived work-related stress in order to support both employees and managers to find a resolution. The use of the form is flexible and employees may wish to complete the form in advance then meet with their manager to discuss. Alternatively, they may wish to send the completed form to their manager in advance or complete the form with their manager.

Part 1 of the form allows employees to document the stress they are experiencing as well as the action(s) they believe would reduce or eliminate their stress.

Discussion should take place with the appropriate manager to review the concerns raised and to explore actions/timescales (Part 2 of the form). Any agreed actions should be implemented as soon as possible and reviewed accordingly to ensure they are effective.

An Occupational Health referral may be appropriate for reasons relating to work related stress, however it should not be automatic and should typically only take place after an initial discussion has taken place to explore potential resolutions. Perceived work-related stress is a management issue and managers are best placed to consider the issue and take steps to mitigate or remove stressors if at all possible. The Occupational Health Referral requires this form to be attached in cases of work-related stress prior to sending. Where an employee is unable or unwilling to participate in such a discussion this should be noted in Part 2 below before the form is attached to any subsequent referral. HR Advice may also be sought on the best way to proceed in such circumstances.

In cases where line managers may be cited as the perceived cause of stress, then the employee should refer the matter to another appropriate manager. Where it is unclear where the matter should be referred to, advice is available from the local HR Team.

**Employees can contact the University’s Employee Assistance Program (Health Assured) at any time. A confidential 24/7 counselling service is available by calling 0800 028 0199.**

**Notification of Workplace Stress**

**Part 1 - Employee**

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| --- | --- | --- | --- |
| **Employee Details** | | | |
| **1. Name:** |  | **College/US:** |  |
| **Unit:** |  | **Job Title:** |  |
| **1. Do you feel any of the following have caused the stress you are experiencing? Please tick all that apply**   Your Work (Demands/Role)  * Boring or repetitive work * Unacceptable target times/Deadlines * Lack of training * Heavy workload * Clarity over what is expected  Responsibilities (Control)  * Unfair allocation of duties * Expanded responsibility * Duties out with remit   **Relationships:**   * Feeling ostracised or not seen to be part of the team * Poor relationships with colleagues * Lack of respect * Bullying * harassment   **Balancing Work and Home: (Support)**   * Inflexible work schedules * Taking work home   **Working Conditions: (Support)**   * Unsafe working conditions * Poor equipment/facilities  Management/Supervision: (Support & Change)No personal control over the work activityLack of communication and consultation  * Lack of support and poor delegation skills * Fails to listen * No Support/Encouragement * Consulted about changes * **Other** (please give details)   **1. Continued**  **Please note any additional information here or next to the boxes above, to explain the cause of stress in more detail.** | | | |
| **2. Please describe the symptoms, you have experienced** | | | |
| **3. In your opinion what action could prevent / minimise the stress you feel** | | | |

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| --- | --- | --- | --- |
| **Signature:** |  | **Date:** |  |

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**Part 2 - Manager Response**

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| **Manager Details** | | | | |
| **Name:** |  | | **College/US:** |  |
| **Unit:** |  | | **Job Title:** |  |
| **Summary of discussion**  Please note the actions discussed to address the perceived work-related stress and any action plan/timescales for implementation/review*. Specifically, the proposed actions as highlighted by the employee in Section 3 above should be explored to determine if they can be accommodated or if other alternatives may be possible. If the employee has been unable or unwilling to complete this form (or engage in discussion around it), please note this here before uploading to an Occupational Health referral).* | | | | |
| Is a referral to Occupational Health appropriate at this time: **Yes/No** | | | | |
| **Date of next meeting to review actions:** | |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature:**  **(Manager)** |  | **Date:** |  |
| **Signature:**  **(Employee)** |  | **Date:** |  |