**Flexible Working Application Form**

It will help your School Head teacher to consider your request if you provide as much information as you can about your desired working pattern. It is important that you complete all the questions. When completing sections 3 and 4, think about what effect your change in working pattern will have both on the work that you do and on your colleagues. Once you have completed the form, you should forward it to your Head teacher (you should keep a copy for your own records), who will have 28 days after the date that your application is received in which to arrange a meeting with you to discuss your request. If the request is granted, this will be a permanent change to your terms and conditions unless otherwise agreed.

**Personal Details**

Name:

School:

Job Title:

1. Describe your current working pattern (days/hours/times/place you work):
2. Describe the working pattern you would like to work in future (days/hours/times/place you work) (you may wish to consider alternative possible flexible working options which you could negotiate with your department):
3. I would like this working pattern to commence from:

Date:

1. Impact of the new working pattern. I think this change in my working pattern will affect my department and colleagues as follows:
2. Accommodating the new working pattern. I think the effect on my department and colleagues can be dealt with as follows:

I would like to apply, under Plymouth CAST’s Flexible Working Policy to work a flexible working pattern that is different to my current working pattern. I confirm that I meet each of the eligibility criteria:

* I have worked continuously as an employee of Plymouth CAST for the last 26 weeks.
* I have not made a request to work flexibly during the past 12 months.

Name:

Signature: Date: