

Welsh Ambulance Services NHS Trust
Organisational Change Implementation

Staff Information Questionnaire

Full Name:		ESR No:	
Staff Group:		Work base:	
Email Address:	Home address:		
Current Post:			
Current risk status:		Do you agree?	Yes ☐ No ☐ If No details:
Preferred method and language of communication:			
Hours Per Week:		Current Grade/Band	
Do you have a current flexible working arrangement?	Yes ☐ No ☐ If Yes details:		
Current Working Pattern: (Days per week and normal working hours)		Are you able to adjust this working pattern:	Yes ☐ No ☐ If Yes details:

Do you have any other contracted hours/role within the organisation?	Yes ☐ No ☐ If Yes details of Post Title, Hours/Working Pattern:	Are you able to adjust this working pattern:	Yes ☐ No ☐ If Yes details:
Current journey to work distance:		Current journey to work time:	
Current methods of travel? Please note all if several methods of travel. If car share, please provide their name if possible		Car driver? Car access? Lease car? Other?	Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐
How far are you willing/able to travel?			
Are there any personal circumstances that may restrict your ability to transfer to a new role/location/hours of work? (e.g. caring responsibilities, travel restrictions, other employment)			
What are your role preferences within the Organisation?			
Do you have role preferences outside the Organisation?			

What qualifications and skills do you have? (This will assist us to identify alternative roles if necessary.)	
What is your work experience prior to your current role? (This will assist us to identify alternative roles if necessary.)	
Is there any other information that you feel would be useful?	
Do you have any other questions you need answering?	

Signed:

Date:.....