

FW (A): Flexible Working Application Form**Note to the employee**

You can use this form to make an application to work flexibly under the right provided in law to help eligible employees care for their children or for an adult. Before completing this form, you should first read the guidance booklet '[Flexible working: a guide for employers and employees](#)' (ER 36), which contains information how to make a request.

It may take up to 14 weeks for your employer to consider a request under the right before that request can be implemented. It may take longer where difficulties arise. Please ensure that you submit your application to the appropriate person well in advance of the date you wish the request to take effect.

Provide as much information as you can about your desired working pattern. This will help your employer reach a decision. Complete all the questions as otherwise your application may not be valid. 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 immediately forward it to your employer (you might want to keep a copy for your own records). Your employer will then have 28 days after the day 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.

When completing this form, ensure that you tick all of the REQUIRED boxes. If two options are given and are separated by the word OR, tick either the first or the second box. If a list of options is given, tick or complete the box that applies to you. If you cannot tick the boxes in this way because you don't meet the criteria, then you won't qualify to make a request under the law. If you are not sure whether you meet any of the criteria, information can be found in the '[Eligibility](#)' section of guidance booklet '[Flexible working: a guide for employers and employees](#)' (ER 36).

Please note that even if you don't meet all the legal qualifications, this does not mean that your request may not be considered. You can still approach your employer. Many employers offer flexible working to their staff as good practice.

Note to the employer

This is a formal application under the legal right to apply for flexible working. Employers have a legal duty to consider applications seriously. You have 28 days after the day you received this application in which either to agree to the request or to arrange a meeting with your employee to discuss it. You should confirm receipt of this application using the attached confirmation slip. Forms accompanying guidance booklet '[Flexible working: a guide for employers and employees](#)' (ER 36) can be used to respond to this application.

1 Personal details

Name

Staff or payroll number

Manager's name

National Insurance number

To the employer

I would like to apply to work a flexible working pattern that is different to my current working pattern, under my right provided under Article 112F of the Employment Rights (Northern Ireland) Order 1996. I confirm that I meet each of the eligibility criteria as follows:

I have worked continuously as an employee of the company for the last 26 weeks. (REQUIRED)

I have not made a request to work flexibly under this right during the past 12 months. (REQUIRED)

Date of any previous request made under the right
(dd/mm/yy)

I am making this request to help me care for a person whose relationship to me is described in Part A or B. (REQUIRED)

A PARENTS

If you are making a request for flexible working in respect of a child aged 16 or under or a disabled child under 18, please complete this section, otherwise go to **Part B**.

I have responsibility for the upbringing of a child aged 16 or under.

OR

I have responsibility for the upbringing of a disabled child under 18.

	Mother	Father	Adopter	Guardian / Special guardian [†]	Foster parent [‡]
I am the child's:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OR					
I am the partner* of the child's:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* partner includes spouse, partner and civil partner

[†] you can also tick this box if a residence order has been made in your favour

[‡] you can also tick this box if you are a private foster carer

B CARERS OF ADULTS

Please complete this section if you are making a request for flexible working in respect of someone aged 18 or over who is:

- your spouse, partner, civil partner or relative, or
- who lives at your address.

I have responsibility for the care of an adult aged 18 or over who lives with me at my address.

OR

I have responsibility for the care of an adult relative aged 18 or over and the adult I care for is related to me in the following way – they are my:

- | | | | |
|------------------|--------------------------|----------------|--------------------------|
| Parent | <input type="checkbox"/> | Brother | <input type="checkbox"/> |
| Adopter | <input type="checkbox"/> | Sister | <input type="checkbox"/> |
| Guardian | <input type="checkbox"/> | Step-brother | <input type="checkbox"/> |
| Special guardian | <input type="checkbox"/> | Step-sister | <input type="checkbox"/> |
| Step-parent | <input type="checkbox"/> | Brother-in-law | <input type="checkbox"/> |
| Parent-in-law | <input type="checkbox"/> | Sister-in-law | <input type="checkbox"/> |
| Child | <input type="checkbox"/> | Uncle | <input type="checkbox"/> |
| Step-child | <input type="checkbox"/> | Aunt | <input type="checkbox"/> |
| Son-in-law | <input type="checkbox"/> | Grandparent | <input type="checkbox"/> |
| Daughter-in-law | <input type="checkbox"/> | | |

Other (please specify – see note)

Note: ‘Half blood’ (e.g. half-brother, half-sister) or adoptive relatives are also covered by the law. Use the ‘Other’ box to describe such a relationship.

2A Describe your current working pattern
(days / hours / times worked)

2B

Describe the working pattern you would like to work in future
(days / hours / times worked)



(you may continue on a separate sheet if necessary)

2C

I would like this working pattern to commence from:



3

Impact of the new working pattern

I think this change in my working pattern will affect my employer and colleague(s) as follows



4**Accommodating the new working pattern**

I think the effect on my employer and colleague(s) can be dealt with as follows:

Signature (please print and sign here)**Date**

(dd/mm/yy)

NOW PASS THIS APPLICATION TO YOUR EMPLOYER.

Cut this slip off and return it to your employee in order to confirm your receipt of their application.

Employer's Confirmation of Receipt (to be completed and returned to employee)

Dear

I received your request to change your work pattern on

(dd/mm/yy)

I shall be arranging a meeting to discuss your application within 28 days following this date. In the meantime you might want to consider whether you would like a colleague to accompany you at the meeting.

From