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TEAM WELLBEING ASSESSMENT FORM

* Explore any issues that appear to be opportunities for improvement (i.e., where there were questions in the team wellbeing survey with more negative than positive responses, or where they were evenly split) by using Part 2 of the assessment form
* Please complete a separate Part 2 of the assessment form for each of the themes (i.e., Demands, Control, Support, Relationships, Role, and Change), where the responses indicate opportunities for improvement
* When you have completed the team wellbeing assessment, including action(s) to be taken and responsibility for the action(s), please make a commitment to review the overall assessment within twelve months and yearly thereafter; individual items are likely to require review much sooner, to ensure that they have been closed within a reasonable time
* Please remember to circulate the draft assessment to those who were consulted
* Circulate copies of the final version of the risk assessment to **all** the team members and the assessor’s line manager

TEAM WELLBEING ASSESSMENT FORM Part 1

**Team Name:**

**Names of staff who were consulted:**

**Manager undertaking the assessment:**

**Date of assessment:**

**Review date:**

**Themes: Demands, Control, Support, Relationships, Role, and Change**

Please complete a separate Part 2 for each of the themes where problematic issues were identified within the questionnaire.

**TEAM WELLBEING ASSESSMENT FORM Part 2**

**Theme**

*(choose from Demands, Control, Support, Relationships, Role, and Change)*

**Brief description of problematic issues identified in the survey responses:**

**Specific description of problematic issues identified in the survey responses:**

**Existing workplace precautions that are already in place:**

**Further action to be taken, with dates for completion for each of them, if more than one:**

**Person(s) with responsibility for ensuring the further action is taken:**

Please remember to complete a separate Part 2 if there are additional issues under other themes.