| Team stress risk assessment | |
| --- | --- |
| Return to: | Date for return: |

**Please mark an X in response to the following statements. Your response should be based on how you have felt about work in the past six months.**

| Standard - Demands |  |  |  | | |  | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Statement | Never | Seldom | | Sometimes | Often | | Always | Comments |
| Enter an X in the in the column that applies to you  for each statement | | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Are your job demands and deadlines realistic/achievable? |  |  |  |  |  |  |
| Have you had sufficient training to do your job? |  |  |  |  |  |  |
| Are you able to take sufficient breaks? |  |  |  |  |  |  |
| Are you pressured to work intensively and/or long hours? |  |  |  |  |  |  |
| **Standard - Control** | | | | | | |
| Are you able to have some say about how your job is done? |  |  |  |  |  |  |
| Do you feel included in decision making in the team? |  |  |  |  |  |  |
| Are you encouraged to use the full range of your skills relevant to your job? |  |  |  |  |  |  |
| Can you decide when to take a break? |  |  |  |  |  |  |
| **Standard – Support** | | | | | | |
| Do you feel that you get enough support from your line manager? |  |  |  |  |  |  |
| Do you feel you get enough support from colleagues? |  |  |  |  |  |  |
| Do you receive the respect you deserve at work? |  |  |  |  |  |  |
| Can you discuss your own development and contribution with your manager? |  |  |  |  |  |  |
| **Standard – Relationships** | | | | | | |
| Do you feel the team works well together? |  |  |  |  |  |  |
| Are you affected by any conflict in the team? |  |  |  |  |  |  |
| Are you subjected to any bullying or harassment at work? |  |  |  |  |  |  |
| Are you aware that you are able to access the Council’s Grievance Procedure to deal with unacceptable behaviour? |  |  |  |  |  |  |
| **Standard - Role** | | | | | | |
| Are you clear about your roles and responsibilities at work? |  |  |  |  |  |  |
| Do you feel that there’s any conflict in your role? |  |  |  |  |  |  |
| Are you clear about the goals and objectives of your team? |  |  |  |  |  |  |
| Do you understand how your role fits into the wider aims of the organisation |  |  |  |  |  |  |
| **Standard - Change** | | | | | | |
| Are you made aware of any changes that are happening at work? |  |  |  |  |  |  |
| Do you understand why the change is happening? |  |  |  |  |  |  |
| Do you understand the impact of any change on your job? |  |  |  |  |  |  |
| Do you feel well supported during change at work? |  |  |  |  |  |  |

| Thank you for taking the time to complete the form. If you have any additional comments, please enter them below: |
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