RA7/2

**STRICTLY CONFIDENTIAL**

**Individual Stress Management Questionnaire**

To be completed by line manager (or in certain circumstances the HR Adviser or Occupational Health and Safety Adviser) for an individual who has reported that they are suffering from stress.

NB This form RA7/2 should be completed in conjunction with the Generic Risk Assessment Form (RA7/1).

**Faculty/School/Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Post: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Post holder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please complete the following assessment for the post and post-holder identified above.

Please note that work-related stress may affect any member of staff as potential workplace stressors are multifarious.

**Steps in Process**

1. You must meet with the individual to discuss the issues.

2. Ensure that the individual is aware of the purpose of the meeting beforehand

3. If necessary the individual should be given the opportunity to be accompanied by a work colleague or Trade Union representative for support

4. The meeting should be arranged for a mutually agreed venue

5. You should allow plenty of time to discuss the issues in depth.

|  |
| --- |
| What issues has the individual reported as causing them stress: |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Yes | No |
| 1. | Are there factors external to the workplace that may be causing the individual stress? |  |  |
| 2. | Is the individual seeking professional help outside of the University? |  |  |
| 3. | Have you made the individual aware of the support available through the University? |  |  |
| 4. | Would the individual benefit from a referral to Occupational Health? |  |  |
| 5. | Does the individual require further training? |  |  |
| 6. | Have you discussed and agreed a way forward and set a review date? |  |  |

List the agreed outcomes and action points for the individual and the line manager

|  |  |  |
| --- | --- | --- |
| **Action** | **Responsible** | **Date to be completed by** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Manager (HR / Occ Health)

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Employee

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