

Evaluation of the Wellbeing Premium Programme

Registration Form

Please fill in the registration form below and return it to us in the pre-paid envelope by no later than 27th July 2018. If you would prefer to register online please visit wmca.org.uk/thriveatwork

My organisation would like to take part in the Wellbeing Premium Trial. Please tick.

Please complete part 1, then part 2 and 4.

My organisation does not wish to participate in the trial but would like to sign up to the Thrive at Work Wellbeing Commitment. Please tick.

Please complete part 1, then part 3 and 4.

Part 1: Details of the Organisation

Organisation name

Organisation address

Director title

Director Name

Telephone

Email address

Name of contact in the organisation (if different to above):

Mr/Mrs/Miss/Ms/Dr

Contact phone number:

Contact job title:

Contact email address:

Please turn over

2b

How many employees do you estimate will be in continuous employment with your organisation in the next two years?

2c

Industry type.

Your Organisations Industry type, please tick:

<input type="checkbox"/> Automotive/Manufacturing	<input type="checkbox"/> Property	
<input type="checkbox"/> Finance	<input type="checkbox"/> Leisure	
<input type="checkbox"/> Food & Beverages	<input type="checkbox"/> Transport	
<input type="checkbox"/> Wholesale	<input type="checkbox"/> Construction	
<input type="checkbox"/> Retail	<input type="checkbox"/> Public Sector please specify the area	<input type="text"/>
<input type="checkbox"/> IT	<input type="checkbox"/> Other please specify the area	<input type="text"/>
<input type="checkbox"/> Media		
<input type="checkbox"/> Healthcare		

Part 2: Consent to take part

- 1. I confirm that I have read and understand the information sheet dated for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.
- 2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my employment or legal rights being affected.
- 3. I understand that relevant sections of data collected during the study, may be looked at by individuals from West Midlands Combined Authority, The University of Warwick, RAND where it is relevant to my taking part in this study. I give permission for these individuals to have access to my records.
- 4. My organisation can take part in this evaluation

Please complete the following:

My organisation can take part in this evaluation

Name

Director/Authorised Signatory:

Part 3:

We would be grateful if you could let us know the reasons why your organisation cannot take part in this project. This will help us understand the barriers organisations face to participation in the trial.

Would you be willing to be contacted at a later date for our research team to ask you more details about why your organisation was unable to take part? Please tick.

Thank you for completing this form – Please see the final sheet with some additional questions relating to this project, please return the questions along with the reply form.

Please return this to the Wellbeing Premium Team using the pre-paid envelope provided or via email to wellbeingpremiumtrial@wmca.org.uk by the **27th of July, 2018**.

A member of the Wellbeing Premium Team will be in touch with you in August with next steps.

Growing healthier,
happier workplaces



Part 4: Additional Questions

For information purposes please could we ask you to respond to a few questions below which relate to the project. Your response to these questions will not affect your eligibility to take part in the trial.

Please tick the relevant response:

Do you feel your organisation is committed to improving the health and wellbeing of its employees? Yes No

Do you have a health and wellbeing plan or policy in place? Yes No

Do you have a health and wellbeing lead in the organisation? Yes No

Do you currently offer your employees health and wellbeing training or other support in the following areas:

Health and safety Yes No

Line manager training Yes No

Mental Health Yes No

Musculoskeletal Health Yes No

Healthy lifestyles e.g. healthy eating, physical activity Yes No

Health risks e.g. financial health, caring responsibilities Yes No



You will have the chance to receive a Thrive at Work Wellbeing Award and be celebrated at an awards ceremony