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| Worcestershire Works Well (WWW) – Accreditation template (Level 1 & 2)As part of the accreditation process, please complete the template below and submit to the WWW panel with your evidence.With your consent, this information may be used, either in part or fully, to assist with sharing of good practice and workplace wellbeing approaches to other WWW businesses. It may also be used to promote WWW through various media outlets including the WWW website and local press. Please ensure that all information is anonymous feel free to expand each of the text boxes to suit your text.**In addition to the text, please could supply us with a photo/s of your business implementing your workplace health and wellbeing approach/ initiative.** |
| **Business Name:** |  |
| **Date:** |  |
| **Rep:** |  |
| **Level (1 or 2):** |  |
| **The Business** *Please provide some background information about the business. E.g. what it does, how many employees etc* |
| **What health and wellbeing activities have you implemented?** |
| **Please provide a brief overview of an innovative initiative/ approach to a particular topic area pertinent to your organisation (e.g. physical activity, mental wellbeing etc)** *What did you do and why? Who was involved? Was there a budget allocated? What did you achieve?*  |
| **What impact has your health and wellbeing approach had on your organisation and employees?***Have there been any business benefits? E.g. Have sickness rates decreased? Increased productivity? Improved staff engagement? Highlighted health and wellbeing concerns? Staff case studies/success stories?* |
| **What (if any) challenges have you faced when implementing your approach and how have you overcome these?** |
| **What are your plans/ aims for the next 12 months around workplace health and wellbeing?** |
| **In approximately 30 words, please give an indication of some of the benefits that your organisation or employees have experienced as a result of addressing workplace wellbeing…** |
| **Photo’s:** |
| **Optional consent for promotional purposes** *(if you do not wish to consent, please leave this box unsigned. Your application will still be assessed for accreditation regardless):*I consent for this information to be used by WWW for the sharing of workplace wellbeing approach and promotional purposes. Information will be sent to you for approval before sharing/ publishing.**Signature:** |