

The GMB logo consists of an orange square with the letters 'GMB' in white, and a black rectangle below it with the words 'LONDON REGION' in white.

GMB

LONDON
REGION

**GMB@WATER
SECTOR**

STRESS AND MENTAL HEALTH AT WORK SURVEY

GMB is deeply concerned about the mental health of members in Commercial Services, especially those working in utilities.

Before GMB can tackle the issue, we need to know how it is affecting our members, and if there's anything in place to manage mental health conditions and stress at work.



We have developed this questionnaire, incorporating HSE's Stress Management Standards, to help identify where issues exist, and what actions will be needed to make a positive difference to the situation where you work.

THE MORE MEMBERS THAT COMPLETE THE SURVEY, THE MORE EVIDENCE WE WILL HAVE TO CHALLENGE WITH AND MAKE A CHANGE FOR YOU.

TO IMPROVE HEALTH AND SAFETY CONDITIONS REQUIRES A STRONG UNION. IF YOU ARE NOT YET A MEMBER OF GMB JOIN TODAY.

- This survey is totally confidential.
- Your manager will not know if you have filled in this survey.
- GMB will use this survey to negotiate better working conditions with your employer.

JOIN ONLINE
www.gmb.org.uk/join

www.gmblondon.org.uk
 [GMBLondonRegion](https://www.facebook.com/GMBLondonRegion)
 [@GMBLondonRegion](https://twitter.com/GMBLondonRegion)

UNIONLINE
YOUR TRADE UNION LAW FIRM
0300 333 0303
www.unionline.co.uk



STRESS AND MENTAL HEALTH AT WORK SURVEY

Please take a few moments to fill in this important confidential questionnaire.

Once you have completed this survey you can either hand it over to your GMB Representative or send it freepost to: FREEPOST GMB LONDON REGION. You don't need a stamp or any other address details.

Alternatively, you can complete this survey online at:
<https://www.surveymonkey.co.uk/r/gmbwatersectorsurvey>



1. Your name:
2. Name of Employer:
3. Your job title:
4. Are you a GMB Member Yes No
5. If not, are you currently a member of any other trade union?
6. Please state how long you have worked in your current job/post:
 1 month–1 year 1 year–3 years 3 years–5 years 5 years–10 years 10 years +
7. Do you work for the employer directly? Yes No
8. What type of contract do you have:
 Permanent Short-term Temp Self-employed Zero hours
9. If you temp, which agency do you work for?
10. How long have you worked in this industry:
 1 month–1 year 1 year–3 years 3 years–5 years 5 years–10 years 10 years +

	Never	Sometimes	Often	Always
11. I am clear what is expected of me at work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I can decide when to take a break	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Different groups at work demand things from me that are hard to combine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I know how to go about getting my job done	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. I am subject to personal harassment in the form of unkind words or behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. I have achievable deadlines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. If work gets difficult, my colleagues will help me out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Never	Sometimes	Often	Always
18. I am given supportive feedback on the work I do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. I have to work very intensively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. I have a say in my own work speed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. I am clear what my duties and responsibilities are	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. I have to neglect some tasks because I have too much to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. I am clear about the goals and objectives for my department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. There is a friction or anger between colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. I have a choice in deciding how I do my work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. I am unable to take sufficient breaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. I understand how my work fits into the overall aim of the organisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. I am pressured to work long hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. I have a choice in deciding what I do at work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. I have to work very fast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. I am subject to bullying at work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. I have unrealistic time pressures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. I can rely on my line manager to help me out with a work problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. I get help and support I need from colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. I have some say over the way I work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. I Have sufficient opportunities to question managers about change at work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. I receive the respect at work I deserve from my colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For any further comments please write in the box below

GMB—EXPERTS IN THE WORLD OF WORK

It can be as simple as a new manager, or a new way of working that causes you a problem at work. Guard against that day by joining GMB now. GMB membership covers you wherever you work. Only GMB members get GMB help. **IF YOU WORK YOU NEED GMB@WORK**

Join now at www.gmb.org.uk/join or fill in the form below

then simply write FREEPOST GMB LONDON REGION on an envelope and post it to us—you don't need a stamp or any other address details. If you have any questions contact GMB London: email london.membership@gmb.org.uk or visit our website www.gmblondon.org.uk

FOR GMB USE ONLY	Section <input type="text"/>	Branch number <input type="text"/>	Membership number <input type="text"/>	Date of joining <input type="text"/>
------------------	------------------------------	------------------------------------	--	--------------------------------------

GMB membership application form PLEASE USE BLOCK CAPITALS

1 TELL US ABOUT YOU

Surname <input type="text"/>	First name <input type="text"/>	Title <input type="text"/>	Date of birth <input type="text"/>
Home address <input type="text"/>	Home phone number <input type="text"/>	Mobile number <input type="text"/>	
Postcode <input type="text"/>	Email <input type="text"/>		
We ask for your ethnic origins as part of our equal opportunities policy of improving services to all members			
Bangladeshi <input type="checkbox"/> / Black African <input type="checkbox"/> / Black Caribbean <input type="checkbox"/> / Black British <input type="checkbox"/> / Chinese <input type="checkbox"/> / Indian <input type="checkbox"/> / Irish <input type="checkbox"/> / Pakistani <input type="checkbox"/> / White <input type="checkbox"/> / Other: <input type="text"/>			
National Insurance number <input type="text"/>	I agree to abide by GMB rules Signed <input type="text"/>	Tick here if you do not wish to contribute to the GMB collective affiliation to the Labour Party <input type="checkbox"/>	
		Date <input type="text"/>	

2 TELL US ABOUT YOUR JOB

Employer <input type="text"/>	Your job <input type="text"/>
Address where you work <input type="text"/>	How many hours a week do you work? <input type="text"/>
Postcode <input type="text"/>	Pay number <input type="text"/>
	I give my employer permission to notify GMB of any future change of address <input type="text"/>
I authorise my employer to pass my bank details on to GMB to activate my union membership – Signed <input type="text"/>	Pay date <input type="text"/>

3 PLEASE SELECT WHEN YOU WOULD LIKE THE DIRECT DEBIT TO BE DEDUCTED FROM YOUR ACCOUNT

If you are paid monthly	<input type="text"/> 1st day of the month*	<input type="text"/> 8th day of the month*	<input type="text"/> 16th day of the month*	<input type="text"/> 23rd day of the month*	<input type="text"/> Last day of the month* * or next working day
OR if you are paid 4 weekly	<input type="text"/> 1st Friday	<input type="text"/> 2nd Friday	<input type="text"/> 3rd Friday	<input type="text"/> 4th Friday	

4 INSTRUCTION TO YOUR BANK OR BUILDING SOCIETY TO PAY BY DIRECT DEBIT



Please fill in the form below and send to: GMB, John Cope House, 152 Brent St, Hendon, London NW4 2DP

Service User Number

Name and full postal address of your Bank or Building Society branch

To the Manager of <input type="text"/>	Bank/Building Society <input type="text"/>
Address <input type="text"/>	
Postcode <input type="text"/>	

Instructions to your Bank or Building Society: Please pay GMB Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with GMB and, if so, details will be passed electronically to my Bank/Building Society.

Signature(s) Date |

Name(s) of account holder(s)

For GMB official use only. This is not part of the instruction to your Bank/Building Society. If your A/C number is not available fill in your address below.

Bank/Building Society account number Bank/Building Society Sort Code |

Reference number (GMB use only)

Banks or Building Societies may not accept Direct Debit instructions for some types of account