# Workplace Adjustment Passport

## Personal When Completed

The purpose of the passport is to record all your workplace adjustment requirements that are agreed with your line manager. Sharing and discussing your passport regularly with your line manager can enable them to provide you with tailored support and appropriate workplace adjustments.

Please complete this passport by providing any information that may help your line manager understand the impact your disability, health condition, or gender reassignment has on you when you are at work. Please note you do not need to provide any information you are not comfortable sharing.

This passport will belong to you and can be shared with line managers in your current/new department to help facilitate any workplace adjustments you may require. This passport should be reviewed annually with your line manager but may be reviewed more frequently due to changes in your health circumstances/environment/job role.

Name: (insert Name here)

Line Manager: (insert Line Manager Name here)

Department: (insert Department Name here)

## Details of your Disability or Workplace Barriers that you currently experience

Please provide a description of your disability or any workplace barriers that you currently experience that may impact your wellbeing or work. Please do not provide any information that you do not feel comfortable discussing with your line manager.

*Information may include:*

* Anything that you feel is important to know about your disability or circumstances
* Any potential impact of medication on your health/wellbeing
* Any diagnoses that you feel could be helpful for your manager to know
* Details of how this may impact your work.

(insert your specific information here)

To support you in your role, please provide any information relating to your workspace, working hours, communication, equipment, and technology that may be impacted by your disability, health condition or circumstances. Please do not include any information that you do not feel comfortable discussing with your line manager.

## Workspace

Do you require any adjustments to your workspace to support you?

YES/NO (delete as appropriate)

If yes, please provide further details. Information may include:

* Requirement to work in a quieter setting
* Seating provided nearby to a window when working in the office
* Seating provided away from bright lights directly above the workstation.

(insert your specific information here)

## Working Hours

Do you require any adjustments to your working hours to support you?

YES/NO (delete as appropriate)

If yes, please provide further details. Information may include:

* Adjusted working hours to accommodate required health appointments
* Amended start/ finish times to support you
* Working times that may not be appropriate for you due to your disability or circumstances.

(insert your specific information here)

## Communication

Do you have a preferred method of communication that may support you/any methods of communication that you may find challenging?

YES/NO (delete as appropriate)

If yes, please provide further details. Information may include:

* Limiting the number of attendees when hosting meetings
* Receiving transcripts following meetings
* Conducting calls over video rather than telephone call.

(insert your specific information here)

## Equipment And Technology

Do you require any specialist equipment or technology to be provided to support you in your role?

YES/NO (delete as appropriate)

If yes, please provide further details. Information may include:

* Provision of assistive software (e.g. screen readers)
* Provision of an ergonomic chair
* Provision of noise-cancelling headphones.

(insert your specific information here)

## Additional Information

Please provide any additional information that may not have been covered in the sections above. Information may include:

* Ability/preference to provide own personal equipment for required adjustment
* Details of any recent assessments for Occupational Health, Display Screen Equipment (DSE), or Workstation
* Information about help you may need to evacuate a building in an emergency and whether you have a Personal Emergency Evacuation Plan (PEEP)
* Information about any plans you have in place such as a Wellness Recovery Action Plan or what your line manager and/ or colleagues should do if you feel unwell.
* Details of anything else you think would be relevant.

(insert your specific information here)

## Summary Of Agreed Workplace Adjustments:

The following table is used to keep a summary of agreed Workplace Adjustments.

|  |  |  |
| --- | --- | --- |
| **Workplace Adjustment** | **Date Identified** | **Date Implemented** |
| (insert workplace adjustment) | (insert date identified) | (insert date implemented) |
| (insert workplace adjustment) | (insert date identified) | (insert date implemented) |
| (insert workplace adjustment) | (insert date identified) | (insert date implemented) |

The following table is used to keep a written record of when the passport is reviewed and/ or amended. **The passport should be reviewed at least annually.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Review Date****(DD/MM/YYYY)** | **Amendments Made** | **Reason for Amendment** | **Employee Signature** | **Line Manager Signature** |
| (insert date of review) | (insert amendments made) | (insert reason for amendments) | (insert employee signature) | (insert manager signature) |
| (insert date of review) | (insert amendments made) | (insert reason for amendments) | (insert employee signature) | (insert manager signature) |
| (insert date of review) | (insert amendments made) | (insert reason for amendments) | (insert employee signature) | (insert manager signature) |

Employee Signature and Date: (insert Employee Signature and date here)

Line Manager Signature and Date: (insert Manager Signature and date here)

**This document contains personal information, which should be stored in accordance with Data Protection regulations and departmental document retention policy.**