Meeting my workplace needs Reasonable Adjustments Passport

Name:



The purpose of this passport is to outline all adjustments made for the individual named. It prompts conversations about all aspects of the employee's health and mobility requirements and helps everyone understand the specific needs and the help available. It can prompt Occupational Health assessments (OHS). They can make recommendations of support equipment, flexible work arrangements and adaptations where necessary.

It will allow any change of line manager to be able to see clearly what has been agreed for the employee and facilitate a smooth handover of managerial duties or help a manager understand the employee's support needs should a staff member transfer role.

It also allows the individual to fully appreciate the level of support they require and this in turn helps to ease levels of stress from the workplace. The document is confidential, a copy will be held by the employee, their line manager and where appropriate the Human Resources department will hold a current copy. The document needs written consent from the employee to be shared with anyone else.

Employee Details

Employee name

Payroll number

Employee signature

Date signed

Current role

Manager's Details

Manager name

Manager's signature

Date signed

My Health Conditions

This may include but is not limited to:

- Co-ordination, dexterity, mobility
- Mental health
- Hearing, speech, visual impairment
- Social interaction
- Effects of the working environment
- Appointments, breaks or treatment to manage my health

Examp	e:
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To be able to manage my diabetes and perform my tasks I would need to have regular breaks to monitor my blood sugar levels.

Advice from other organisations e.g. Charity support, care givers, Occupational Therapists

Organisation name
Key worker name
Date
Advice offered:
Advice from other organisations e.g. Charity support, care givers, Occupational Therapists
e.g. Charity support, care givers, Occupational Therapists
e.g. Charity support, care givers, Occupational Therapists Organisation name
e.g. Charity support, care givers, Occupational Therapists Organisation name Key worker name
e.g. Charity support, care givers, Occupational Therapists Organisation name Key worker name Date

For Conditions that Fluctuate

For Conditions that Fluctuate
Write details of what a good day may look like:
Write details of what a bad day may look like:

Agreed Reasonable Adjustments

The following reasonable adjustments have been agreed between employee and manager:

Passport Reviews

Date of implementation

Initial Review date

(1 month/3 months/6 months)

Date of Review	Employee's Signature	Manager's Signature