



SECTION ONE - About you

	Name:					
	Line manage	nager:				
	Location:					
	HR lead:					
Brief description	of duties:					
Date of last revie	MA/°	Next review date:				

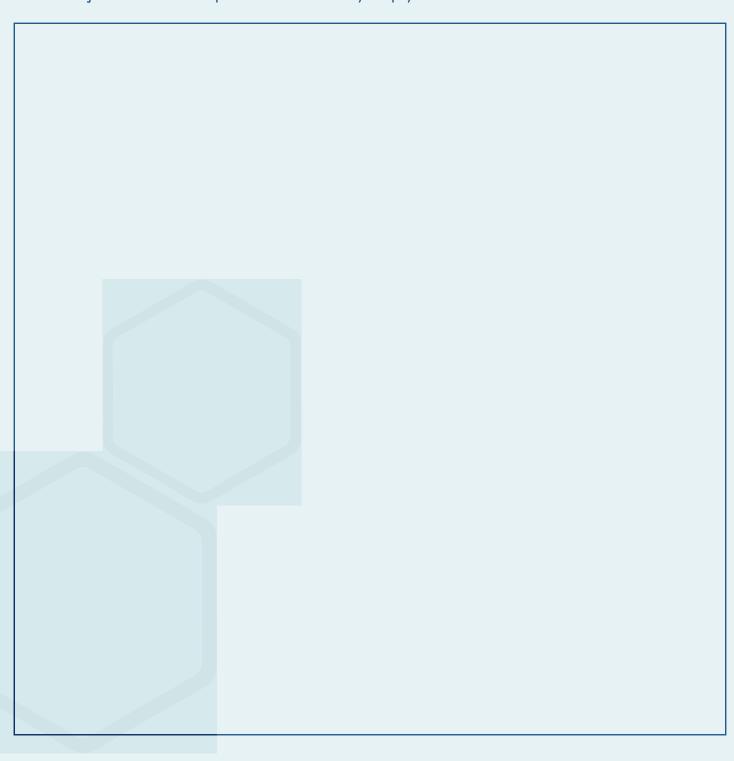
SECTION TWO - Outline of health conditions'

*includes disability, mental and physical health condition, long term injury

Summary of disability, condition, or barriers I currently experience:

(Please explain information that will help explain the impact your disability/health condition has on a day-to-day basis.)

- Do these impact you constantly or fluctuate?
- · What are the elements of your role that require adjustments?
- · What adjustments are required? How will they help you?



Is a specialist assessment required?:
The following examples may be used (list not exhaustive):
Specialist equipment and building modifications;
Time off for your doctor/therapy/hospital/counselling
· Job modification e.g. reduced targets/flexible working hours/change of duties/location
Coping strategies
Communication support:
Do you require printed documents in big font/coloured paper
Would easy read format help?
· Do you prefer using email?
· What interpreter provision is required, for example BSL/SSE/Electronic note taker/lip speaker?
Assistance technology:
Assistance technology you use
· IT technology you use to deliver your job
· Is specialist training required for your equipment/software? When was the previous training received
· Is refresher training needed? Please note training should be updated on a need basis/job role change/upgrade to software
· Has your job role changed, if so is the technology still suitable?

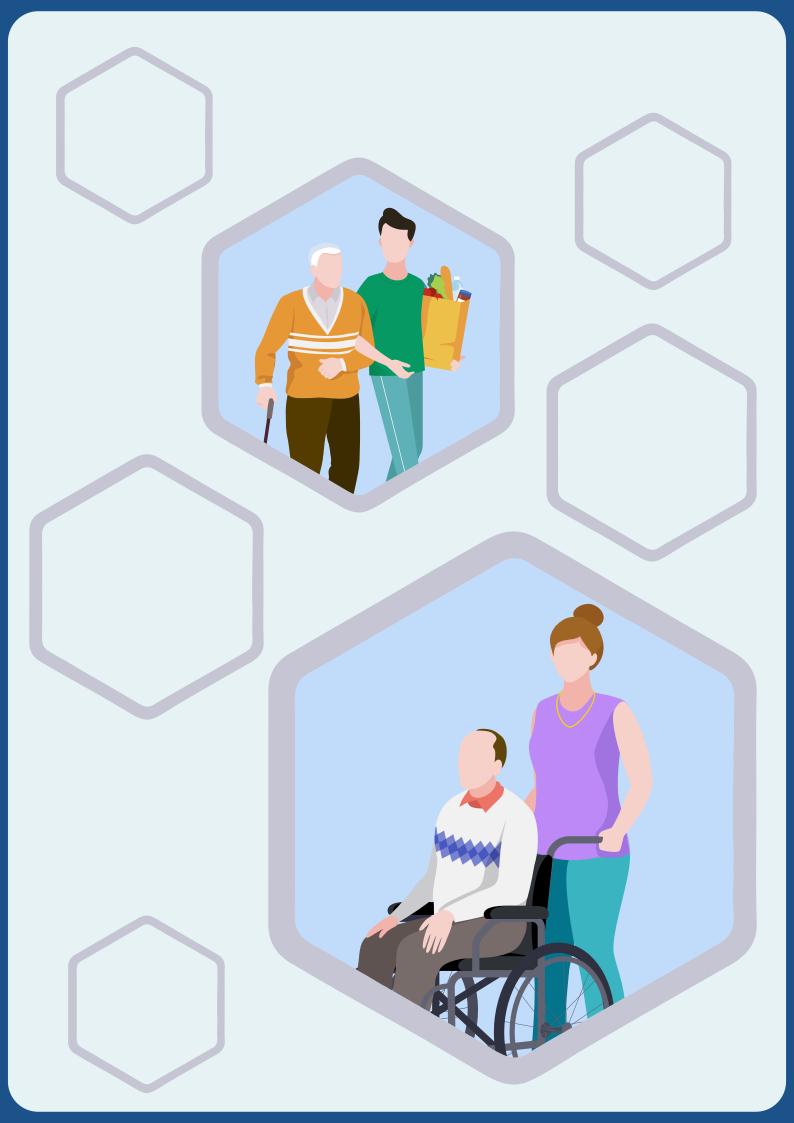
Details of agreed workplace adjustments

Adjustment:	
Date identified:	Date implemented:
Date reviewed:	
Adjustment:	
Date identified:	Date implemented:
Date reviewed:	
Adjustment:	
Date identified:	Date implemented:
Date reviewed:	
Date reviewed.	

SECTION THREE - Additional supporting information

Details of DSE, Desk Risk Assessment, Occupational Health Referral, and Evacuation Plan (PEEP)?:

ate of completion (please attach a copy)	



SECTION FOUR - Support for carers

Information about the person you are caring for

What are your caring responsibilities?: (eg. do you provide physical support, help with

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_	solutions or ar ustments in work, (assist.)		· ·	Ť	
Wh	at supp	oort de	o you	need	to help
Y	ou to b		•		
working rec	rt-term and lo		do you need re	gular breaks,	a permanent flexible o support a current

Declaration

Please discuss all of the above and this record should be retained by the individual and by their line manager. It can then be shared with a new line manager. In the case of a PEEP this would be given to the appropriate person such as Fire Warden.

Employee signature:
Date:
Date.
Line manager signature :
Date:

This document contains personal information, which should be stored in accordance with The General Data Protection Regulation (GDPR)

