**---Reasonable Adjustment Passport---**

Please ensure that once this document has been signed off nothing is to be changed unless prior agreement is reached with:

The owner of the document:

Name:

The owner’s line manager:

Name:

|  |
| --- |
| **Details of Meeting** – no changes are to be made to this document until the next meeting is held and both the individual and line manager are present to agree |
|  |
| Date of Meeting |  |
|  |
| Meeting Location |  |
|  |
| People in attendance and roles |  |
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| Purpose of meeting |  |
|  |
| Individuals’ role and work requirements |  |

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| Medical condition history and overview:*To understand condition and the effects on the individual* |

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| --- | --- |
| Nature of disability or health condition/s |  |
| How it presents – stable, relapses, recurring |  |
| Medication and side effects |  |
| Physical impacts |  |
| Emotional impacts |  |
| Behavioural impacts |  |
| Early signs of deterioration |  |
| Management strategies in place (work from home, reduced hours, flexi working) |  |

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| Do you think you need additional reasonable adjustments in your workplace? |  |
| Do you have ongoing treatment for your condition? What is it? |  |
| How would you prefer to communicate with your line manager if you were unable to attend work? |  |
| In case of an emergency due to your condition and work, who would you like notified? | Name:Relationship:Contact number/s: |
| Is there any action we should take in an emergency (such as an anaphylactic reaction)? |  |
| Have you had an Occupational Health assessment recently? When was the last? |  |

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Summary of Reasonable Adjustments/Equipment in use to aid work

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| **New Adjustments agreed during meeting** | **Date adjustment started** |
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| **Historical adjustments at place of work** | **Still helpful and in use?** |
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| Summary of meeting, confirmation of agreements/actions and target dates:Date of next review meeting: |