Adjustment Passport

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## Introduction to Adjustment Passports

### 1a. Purpose

The purpose of an adjustment passport is to:

* Ensure that all parties are clear with an agreed record of adjustments
* Reduce the need to reassess adjustments should an employee change roles or line manager – - we will agree with who and when the document can be shared in section 5 below.
* Provides a basis for future discussions regarding adjustments.

An adjustment passport should allow an employee to freely discuss the impact of a disability or health condition and suggest adjustments that will make it easier to complete their role, as well as safeguard wellbeing. Regular passport reviews should take place, on an annual basis, or sooner, should you change role or your needs change. As part of your discussions with your line manager, Occupational Health, Access to Work or HR may need to provide advice before any adjustments or changes can be agreed and implemented. Reviews should assess the effectiveness of the adjustments and give an employee the opportunity to update their manager on any changes to their circumstance or health.

Should you require an adjustment immediately, you do not need to wait for the regular review date.

Should an employee with an adjustment plan have a change in line manager, the new line manager should accept the adjustments outlined in the passport as reasonable and ensure they are continued to be implemented – unless they are demonstrably unpractical. The passport may need to be reviewed and amended at a later date, but this should not happen until both parties have worked together for a reasonable period of time (e.g less than three months) unless there are substantial changes to the employees working environment.

### 1b. Guidance on Completing your Adjustment Passport

To complete the Adjustment Passport, a discussion should be held between the employee and their line manager, this conversation should be confidential and held in a suitable location to allow this.

Complete each section as appropriate, where it is felt that an adjustment request is unreasonable or unfeasible HR should be contacted in the first instance.

Employees should be as open an honest about their needs as they feel they are able to be, though the clearer understanding of your needs or condition will help to ensure appropriate adjustments are made.

## Personal Details

|  |  |
| --- | --- |
| Employee Name |  |
| Staff ID (abc01@aber.ac.uk)  |  |
| Job Title |  |
| Line Manager |  |

## Defining Adjustment

Please compete the following

|  |
| --- |
| Is the adjustment required; |
| 1. | From an OH referral |[ ]
| 2. | As a result of a Fit Note |[ ]
| 3. | As a result of a disability notification through ABW  |[ ]

|  |
| --- |
| If OH or Fit Note request, please confirm what has been requested – Fit note and OH report will be required to attach to this document for future reference.*It is important that you state any additional advice to support your request, i.e. letter from occupational health, GP etc.* |
|  |

|  |
| --- |
| The issues I experience at work due to my circumstances include: |
|  |

|  |
| --- |
| I require the following adjustments: |
|  |

|  |
| --- |
| If the University is unable to support any adjustments – why not |
|  |

|  |
| --- |
| Please state if you have a disability or medical condition that needs no action, but needs to be bought to the attention of your managerExample: Diabetes |
|  |

|  |  |  |
| --- | --- | --- |
| Do you have a Personal Evacuation Plan (PEEP) | Yes |[ ]  No |[ ]
|  |  |  |  |  |
| If No, do you require one?  | Yes |[ ]  No |[ ]
|  |  |  |  |  |
| If you already have a PEEP in place, please confirm your current evacuation arrangements |
|  |

## Fluctuation Conditions

Please complete this section if you have a fluctuation mental or physical condition.

|  |
| --- |
| On an average day, my condition has the following impact on me at work  |
|  |

|  |
| --- |
| My condition fluctuations – this means that on some days I may experience the following difficulties:  |
|  |

|  |
| --- |
| I may require the following adjustments for my more difficult periods  |
|  |

|  |
| --- |
| The following signs indicate that I am not well enough to be at work:  |
|  |

## Communicating Adjustment and Storing of this information

Your adjustment passport is currently only available to you, your line manager and will be stored centrally in HR on your employee file/ABW.

|  |
| --- |
| Do you feel that any part of your adjustment plan – other than your PEEP if you have one, requires sharing with your immediate colleagues to support your wellbeing at work and if so, who; |
| Person (s)  |  |
| Information required to be shared |  |

Where adjustments require sharing past immediate colleagues

|  |
| --- |
| We have agreed that it is appropriate and relevant for us to share with staff outside the department the information recorded in this section of the form about the support you needs at work. We will do this by |
| Person (s) /Department |  |
| Information required to be shared |  |

An up-to-date copy of this form will be retained by employee and the line manager and an up-to-date copy should be retained on the employee’s central HR file.

A copy of this form may also be given to a new or prospective line manager with the prior consent of the employee.

An employee’s line manager and the employee are each responsible for informing the other of any changes in circumstances relating to this passport at the earliest opportunity.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of employer: |  | Date:  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of employee: |  | Date:  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date of review: |  | Date of implementation: |  |

|  |  |
| --- | --- |
| Next review due: |  |

## Adjustment Review

### 6a. Adjustment Review Record

|  |
| --- |
| I believe that there are changes in my condition / impairment (and /or changes to my situation which impact on my condition / impairment) that requires the following changes to be made to the current agreed adjustments: |
|  |

I believe there are no changes to my condition / impairment (and no changes to my situation which impact on my condition / impairment). I agree that the agreed adjustments should remain in place as detailed above

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of employer: |  | Date:  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of employee: |  | Date:  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date of review: |  | Date of implementation: |  |

|  |  |
| --- | --- |
| Next review due: |  |

### 6b. Alteration to Adjustment

|  |
| --- |
| Please state alterations to your current adjustments below |
|  |

|  |  |  |
| --- | --- | --- |
| Are you seeking to alter your current Personal Evacuation Plan? | Yes |[ ]  No |[ ]

|  |
| --- |
| If Yes, please state your changes below to your Personal Evacuation Plan  |
|  |

If you are note seeking an alteration to your adjustments, please ensure that your adjustment review record and emergency contact details are signed and up to date.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of employer: |  | Date:  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of employee: |  | Date:  |  |

|  |  |
| --- | --- |
| Date adjustments implemented: |  |

## Emergency Contacts

If I am unwell or there are any concerns about my wellbeing, I am happy for my manager / employer to contact any of the following emergency contacts in order of preference indicated below.

Instructions:Please add, amend or delete contact types as appropriate or when there are any changes. Only complete the contacts you refer.

RELATIVE

|  |  |
| --- | --- |
| Preference No. | Name: |
| Relation to me: |
| Tel: | Mobile: |

MENTAL HEALTH FIRST AIDER / CARE CO-ORDINATOR

|  |  |
| --- | --- |
| Preference No. | Name: |
| Relation to me: |
| Tel: | Mobile: |

FRIEND

|  |  |
| --- | --- |
| Preference No. | Name: |
| Relation to me: |
| Tel: | Mobile: |

WORK COLLEAGUE

|  |  |
| --- | --- |
| Preference No. | Name: |
| Relation to me: |
| Tel: | Mobile: |