

**University of Winchester**

**Adjustments Passport**

**This Adjustment Passport is a record of the adjustments agreed by your manager to support you at work.**

**You and your manager complete this document together and the document is retained by you with a copy recorded on your personnel file by Human Resources. If you have a change in line manager at any time, you should show this document to them, so they are aware of the adjustments in place for you.**

**If changes to your adjustments are made at any point, you and your manager can update this Passport as a current record.**

Your Record

**Purpose**

The University recognises that staff with visible and hidden disabilities and health conditions may need adjustments to their working environment or ways of working in order to alleviate or remove any disadvantage they are experiencing because of this. Reasonable adjustments are approved under the Colleague Reasonable Adjustments Policy and Process. A current copy of this Adjustment Passport is retained by you and a copy is retained on your HR file. It is your manager’s responsibility to send this to Human Resources.

**Personal Information**

**Name:**

**Job Title:**

**Line Manager:**

**Department:**

**Please provide a summary of the health condition(s) and work tasks that require adjustments**

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**How is your work experience affected by the above?**

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**What adjustments do you think could alleviate or remove the work issue for you, and why?**

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**Do you have any other health conditions that do not affect your work but which you want to bring to your manager’s attention?**

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**Do you have any recurring or expected appointments that may affect your work? If so please provide details.**

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**Previous assessment and recommended support**

If you have had adjustments previously please share these here for your manager to assist their assessment. Please indicate whether these are still in place and whether they were/are effective.

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**Has any written advice/help been given or requested?** (For example from your GP, DSE Assessor, Access to Work, or medical advisors)Please provide a copy or indicate if this will be forthcoming.

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**Are you aware of the General Emergency Evacuation Plan?**

If you consider you would have difficulty evacuating in an emergency you should consult our process and the general evacuation plans for our buildings found here: [General Emergency Evacuation Plans (GEEPS) | Winchester](https://unimailwinchesterac.omniacloud.net/start/about-us/health-and-safety/fire-safety/general-emergency-evacuation-plans-geeps).

**Adjustment details** – Does your disability or health condition consistently affect any of the below?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Task | All the time | Sometimes | Never | Comments |
| Traveling to work |  |  |  |  |
| Moving around your office or campus |  |  |  |  |
| Your workstation equipment or layout (home or campus) |  |  |  |  |
| Physical tasks |  |  |  |  |
| One-to-one communication (online or face-to-face) |  |  |  |  |
| Communication with multiple people in meetings or social situations (online or face-to-face): |  |  |  |  |
| Audio-only communication |  |  |  |  |
| Written communication |  |  |  |  |
| Reading or understanding written guidance |  |  |  |  |
| Time management and organisation |  |  |  |  |
| Learning new skills or taking on new tasks |  |  |  |  |
| Concentration (at home or in the office): |  |  |  |  |
| Reactions to sensory stimuli (noise, light, smells, temperature): |  |  |  |  |
| Use of computers or other technology |  |  |  |  |
| Mental wellbeing at work (i.e., lower overall mood, increased agitation, less communication) |  |  |  |  |

**Is there any further information you would like to share that may be useful?**

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**Summary of approved Reasonable Adjustments**

Provide a summary below of approved adjustments and if the adjustment is temporary, please indicate the timeframe within which it will operate. List each adjustment separately and please adjust the form if more adjustments are needed than space allows.

**Each time a review is undertaken please indicate the date and both colleague and manager sign against this.**

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| --- | --- | --- | --- | --- |
| **Date adjustment agreed** | **Summary of adjustment** | **Review dates** | **Adjustment in use** | **Signed** |
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**Does anyone else need to be aware of your adjustments?** (e.g. colleagues, administration team, further line managers) Please indicate below

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| --- | --- |
| **Role** | **Adjustment(s) to be informed of** |
| e.g. Admin | No meetings before 10am |
| e.g. colleagues | Desk/chair not to be re-adjusted |
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**A copy of this Adjustment Passport to be sent to Human Resources each time an adjustment is approved or changed.**