**Disability Passport**

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| **Section 1: Personal information** |
| **Employee name:** |
| **Current line manager/ supervisor:** |
| **Department/School:** |
| **Number of hours worked:** |
| **Do you consider yourself to have a disability? Yes No Not sure** |

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| **Section 2: Summary and impact of disability/health condition** |
| **Summary of disability/health condition:** |
| **Has any additional advice been given by Occupational Health?****Has the advice from Occupational Health been implemented?**  |
| **Have you had an assessment from ‘Access to Work’?****Date:****Outcomes:** |
| **Do you have a Personal Emergency Evacuation Plan (PEEP)?** |

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| **Section 3: Details of adjustments** |
| **Please list all of the reasonable adjustments which have been agreed?**  |
| **Are the adjustments temporary or permanent?** |
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| **Are the adjustments role specific?** |
| **Are the adjustments transferable to another role?**  |

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| **Section 4: Review Information** |
| **When were your adjustments last reviewed?** |
| **Would you like to discuss your reasonable adjustments with anyone in addition to your line manager?** |
| **Would you like to discuss your reasonable adjustments with Occupational Health**  |
| **Has there been any changes to your disability or health during the last 12 months?**  |
| **If yes, is further support required?**  |
| **Has your condition(s) improved in the last 12 months?**  |
| **Has there been any changes to your job role and or your working environment in the last 12 months and how can these best be supported?**  |

**Signature of employee: Date:**

**Signature of line manager: Date:**