**Reasonable Adjustment Checklist**

The checklist will enable line managers to complete the reasonable adjustment passport and ensure to line managers are compliant with the Equality Act 2010. It’s a line manager duty to support their member of staff with any disability and implement any reasonable adjustment or modifications to their role or workspace.

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| **Action** | **Yes** | **No** | **Comment** |
| **Discussing the member of staff’s need for reasonable adjustments.**  Arrange a meeting with the member of staff.  Ask the member of staff to discuss what their disability is and how it impacts on their work Discuss how they think that we could help to enable them to adjust and carry out their work duties. |  |  |  |
| **Seeking Occupational Health Advice**  With the consent of the member of staff, seek advice from Occupational Health on what reasonable adjustments to make, or whether any need to be made.  Within the referral be specific about the nature of the member of staff’s disability or condition and how this may impact on the demands of their role.  The referral should also identify the key responsibilities and expectations of the role to allow OH to consider what adjustments might be useful. Propose or request guidance on reasonable adjustments to consider. |  |  |  |
| **The member of staff has explored the support available through Access to work (ATW)**  ATW can support members of staff that require reasonable adjustments and their employers to overcome barriers in the workplace.  Funding can be given, for example, to pay for adaptions to premises or to existing equipment, special aids equipment and support staff. |  |  |  |
| **Implementing ‘physical’ reasonable adjustments**  The physical workplace can be a barrier to a member of staff who has a long term health condition or a disability  For example, wheelchair users, or moving furniture. Please contact estates and facilities/digital services if you require assistance in moving equipment) |  |  |  |
| **Redeployment**  Where a member of staff, as a result of their disability/condition/injury, is unable to continue to carry out the required duties of their role then redeployment may need to be explored.  There is no obligation to create a new role specifically for the member of staff concerned. |  |  |  |
| **Adjusted duties**  What duties could be adjusted to enable the member of staff to return to/remain at work? This could include offering lighter/reduced duties/workload. Any changes outside this should be done through a flexible working request. |  |  |  |
| **Business Impact**  Considered the impact (including impact on other staff and to service provision) Consider further discussion with Health and Safety. |  |  |  |
| **Any health and safety risks**  Dependent on the reasonable adjustment should a risk assessment be required see link for forms[**Policies, Procedures & Forms -**](https://www.wlv.ac.uk/staff/services/hsd/policies-procedures--forms/)[**University of Wolverhampton (wlv.ac.uk)**](https://www.wlv.ac.uk/staff/services/hsd/policies-procedures--forms/) |  |  |  |
| **Planned date of Implementation of adjustment**  [Do not delay] |  |  |  |
| **Review period / monitoring arrangements**  Have dates scheduled in the diary and agree on the frequency of review meetings. |  |  |  |

**Reasonable Adjustment Passport**

This is a record of the reasonable adjustments agreed between the member of staff (new or existing) and line manager below.

Line Managers and member of staff should review this document regularly (at least every 6 months\*) and amend as appropriate.

**Date of meeting:..................**

|  |  |
| --- | --- |
| **Member of Staff Details** | |
| **Name** |  |
| **Job Title** |  |
| **Faculty/ Department** |  |

|  |  |
| --- | --- |
| **Line Manager Details** | |
| **Name** |  |
| **Job Title** |  |
| **Faculty/ Department** |  |

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| **My Disability in the Workplace** | |
| **My Disability**  *A member of staff is under no obligation to disclose the nature of their disability; however, it is important to explain that their disclosure would assist their department in offering the most effective reasonable support*  *available*. |  |
| **It may have the following impact on me at work:** | |
|  | |
| **Details of any reasonable adjustments and support already in place?** | |
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| **Advice and information provided by my GP, e.g. on fit notes and recommendations for my employer? (Copy of fit note to be provided to the line manager)** | | | | | |
|  | | | | | |
| **I need the following agreed reasonable adjustments:**  **(Refer to Access to Work/ Occupational Heath recommendations if relevant)** | | | | | |
| *Line Manager - will review and seek professional advice before any agreement to reasonable adjustments.* | | | | | |
| **Approved and agreed action plan for adjustments deemed reasonable** | | | | | |
| Adjustment | Actions required to implement adjustment (include person responsible) | Any Health and Safety Risks (complete risk Assessment) | Planned date of implementation of adjustment | Review period/ monitoring arrangements | Comments |
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| **Wellness at Work (members of staff who have fluctuating mental and/or physical health conditions)** | | | | | |
| The following signs are indications that I may be becoming unwell: | | | | | |
|  | | | | | |
| **Emergency contacts**- If I am not well enough to be at work, I am happy for my line manager to contact any of the following emergency contacts in the order of preference indicated below: | | | | | |
| 1.  2.  3. | | | | | |

*\* Members of staff must inform their line manager if there are changes to their condition, and could have an affect on their work, and if the agreed adjustments are not working. To discuss any further reasonable adjustments or changes that should be made.*

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| **Acceptance** | | | |
| **Signed by Member of staff** |  | **Date** |  |
| **Signed by Manager** |  | **Date** |  |
| **Review Date of Reasonable Adjustment Passport** |  | **Date** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Car Parking Pass** | | | |
| **Name of Issuer** |  | **Date** |  |

|  |  |  |  |
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|  |  |  |  |
| **Approved By** |  | **Date** |  |
| **Pass details** |  | **Expiry Date** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Changes to Employment (Role/Line Manager)** | | | |
| **Name of new Line manager (If applicable)** |  | **Date** |  |
| **New Role/Job Title** |  | **Date commenced** |  |

**Note**

An up-to-date copy of this passport will be retained by the member of staff /line manager and uploaded onto Agresso.

A copy of this passport may also be given to a new or prospective line manager with the prior consent of the member of staff. This is to ensure a new or prospective line manager is aware of any reasonable adjustments implemented and previously agreed with the member of staff.

This agreement may be reviewed and amended as necessary with the agreement of line manager and member of staff.

* + At any regular one-to-one meeting
  + At a return-to-work meeting following a period of sickness/health related absence.
  + Before a change of job or duties or introduction of new technology or ways of working.
  + Before or after any change in health/work circumstances.