# Workplace Adjustment Form

If you require this document in an alternative format, such as large print, plain text or a coloured background, please contact the Staff Disability Advice Service on 0131 651 4252, or email [staffdisability@ed.ac.uk](mailto:staffdisability@ed.ac.uk).

## Section A: Guidance on using the form

Before completing the Workplace Adjustment Form please refer to the [guidance on completing the document](https://www.docs.csg.ed.ac.uk/Safety/SDAS/WorkplaceAdjustmentFormGuidanceV1.0Final.pdf). There is an expectation that line managers will have completed the online training on [Implementing Reasonable Adjustments](https://edin.ac/3ntGkpf). You may also wish to refer to the [University’s guidance on supporting disabled staff](https://www.ed.ac.uk/equality-diversity/disabled-staff-support/guidance-disabled-staff-support).

When completing this form, with or without your line manager, advice can be sought from the [Staff Disability Advice Service](https://www.ed.ac.uk/health-safety/staff-disability-advice-service) about adjustments. Please note you **do not** need to provide any medical evidence to request adjustments.   
  
The completed form can be saved securely on your University computer. If printed please store this in secure location. This is your document to keep and to share with anyone you think needs to know about any health impact or barriers that may arise and affect you at work. It will not be passed to anyone without your consent.

|  |  |
| --- | --- |
| **Your Name:** | |
| **Your staff number:** | |
| **Your line manager/s:** | |
| **School/ Department:** | |
| **Summary of barriers you may experience at work.** This may relate to usual working hours, the office environment, communication, equipment etc. You can provide more detail in the other sections listed in the sections below.  Optional: If there is any information or advice received from your GP, Consultant/Health Professional, Occupational Health, etc on adjustments that might support you at work please add details of this here, if you wish. | |
| Note: It would be helpful if some more information is added about the days when a condition or impairment has an increased impact and what this means for you. | |
| **Travelling to work (adverse weather impact and other issues that could impact travel such as public transport)** | |
| Barriers: | Possible support: |
| **Moving around the main office building or different**  **University of Edinburgh sites** | |
| Barriers: | Possible support: |
| **Evacuating the building in an emergency**    The University has a responsibility to ensure that all people who use or visit its buildings, are able to evacuate safely in an emergency.  Individuals who would need assistance to evacuate may require a Personal Emergency Evacuation Plan (PEEP). Please refer to the University of Edinburgh’s [Assisted Evacuation guidance](https://www.ed.ac.uk/health-safety/fire-safety/assisted-evacuation) | |
| Barriers: | Possible support: |
| **Work station** (Home and in office desk, chair, lighting set up etc.) | |
| Barriers: | Possible support: |
| **Communicating with people one to one** (online and face to face) | |
| Barriers: | Possible support: |
| **Communicating with multiple people at meetings, social situations/ conferences** (online and face to face) | |
| Barriers: | Possible support: |
| **Communicating via telephone or Microsoft Teams call** | |
| Barriers: | Possible support: |
| **Communicating in writing (emails, reports, notes)** | |
| Barriers: | Possible support: |
| **Time management/ organising work schedule** | |
| Barriers: | Possible support: |
| **Learning new skills, dealing with tasks you have never done before** | |
| Barriers: | Possible support: |
| **Concentration (consider working in the office and home working if relevant)** | |
| Barriers: | Possible support: |
| **Hypersensitivity to sensory stimuli such as noise, light, smells and temperature** | |
| Barriers: | Possible support: |
| **Using a computer or printers/ photocopiers** | |
| Barriers: | Possible support: |
| **Mental wellbeing in work** (workload pressure, triggers, possible impact of medication) | |
| Barriers: | Possible support: |
| **Any other barriers not covered?** | |
| Barriers: | Possible support: |
| **Do you have any other responsibilities that may need to be considered?** This may include caring responsibilities, medical appointments, second employment etc. | |
|  | |
| **Confirm working patterns, if relevant.**  Depending on your contract you may already have flexible working hours included. [Flexible Working Policy](https://www.ed.ac.uk/sites/default/files/atoms/files/flexible_working_policy_gc_apr_221.pdf) | |
|  | |

## Section B: Communications and Changes

Information about you will not be shared with third parties without your consent unless required by law, or there is a serious risk to life. It will be kept securely and confidentially by you and your line manager, if you choose to share it. Relevant sections of the Workplace Adjustments Form may need to be shared with any departments that are vital to the procurement/installation of any adjustments (e.g. notifying IT Services of recommended software in order to secure further support, Estates for building changes or Fire Safety Unit for fire evacuation advice).

If you change roles or your line manager changes you should discuss your Workplace Adjustments Plan with them. Support is also available from the Staff Disability Advice Service.

|  |
| --- |
| **Disclosure:****I’m comfortable my manager shares information about my impairments/s with my work colleagues (or other appropriate managers) on the basis that (i) only the colleagues listed below are told and (ii) the information shared with them is that detailed below.** |
| * Complete if applicable or state if no information to be shared |
| **I’ll tell my manager of any changes that may impact on my work performance and I acknowledge that my manager will tell me of any changes they observe that I might not have been aware of. This also applies if there are concerns about my wellbeing or the adjustments made are not working as expected.** |
| * Confirm if this approach has been agreed (or note if different) |

## Section C – Conclusion and Review

The form and agreed adjustments should be reviewed three to six months after the adjustments have initially been put in place and annually thereafter for two reasons:

1. to ensure they remain effective in removing any identified workplace barriers;
2. and where they are found no longer to meet that requirement, to allow a timely conversation to take place to identify adjustments that will address the issues faced by the staff member.

|  |
| --- |
| **Date of reviews:** |
| Three to six months review:  Annual: |
| **Any Additional Comments:** |
|  |

# Document version

| Version number | Summary of change | Date and by whom |
| --- | --- | --- |
| V1.0 | New | N Waite 12/01/2023 |
|  |  |  |