



Example 1:

Workplace Adjustment Pre-Populated Passport Examples

Personal when completed

The purpose of the passport is to record all your workplace adjustment requirements that are agreed with your line manager. Sharing and discussing your passport regularly with your line manager can enable them to provide you with tailored support and appropriate workplace adjustments.

Please complete this passport by providing any information that may help your line manager to understand the impact your disability, health condition or gender reassignment has on your life. Please note you do not need to provide any information you are not comfortable disclosing.

This passport will belong to you, and can be shared with line managers in your current/new department to help facilitate any workplace adjustments you may require. This passport should be reviewed annually with your line manager but may be reviewed more frequently due to changes in your health circumstances/environment.

Name: Rohan Mohammed

Line Manager: Katie Thompson

Department: Cabinet Office

Details of your disability, condition, or barriers that you currently experience:

Please provide a description of your disability or any workplace barriers that you currently experience that may impact your wellbeing or work. Please do not provide any information that you do not feel comfortable discussing with your line manager.



I have developed arthritis and experience continuous joint pain and frequent swelling in my knees.

This impacts my work as I experience pain after remaining in the same position for extended periods of time. Also, using a standard office chair seems to worsen my symptoms.

To support you in your role, please provide any information relating to workspace, working hours, communication, equipment and technology that may be impacted by your disability, health condition or circumstances. Please do not provide any information that you do not feel comfortable discussing with your line manager.

Workspace

Do you require any adjustments to your workspace to support you?

YES NO

Working Hours

Do you require any adjustments to your working hours to support you?

YES NO

Taking frequent short breaks to walk and relieve any stiffness throughout the day would help to alleviate any pain.



Communication

Do you have a preferred method of communication that may support you/any methods of communication that you may find challenging?

YES NO

Equipment and Technology

Do you require any equipment or technology to be provided to support you in your role?

YES NO

Using an ergonomic office chair would help to relieve any pain worsened by incorrect posture due to a standard chair.

Additional Information

Please provide any additional information that may not have been discussed in the sections above:

I have previously contacted Occupational Health regarding an ergonomic office chair but was unable to bring the chair provided to my new workplace since moving departments. However, I am able to provide any required details of the ergonomic chair previously recommended by Occupational Health following my previous referral and do not require a further occupational health referral.



Summary of agreed workplace adjustments:

Workplace Adjustment	Date Identified	Date Implemented
Frequent short breaks away from desk	18/01/2021	29/01/2021
Ergonomic Chair	18/01/2021	29/01/2021

The following table is used to keep a written record of when the passport is reviewed and/or amended. **The passport should be reviewed at least annually:**

Review date (DD/MM/YYYY)	Amendments made	Reason for amendment	Employee signature	Line manager signature
18/07/2021	None required	n/a	R. Mohammed	K. Thompson

Employee signature and date: R. Mohammed	Line manager signature and date: K. Thompson
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Example 2:

Workplace Adjustment Passport

Personal when completed

The purpose of the passport is to record all your workplace adjustment requirements that are agreed with your line manager. Sharing and discussing your passport regularly with your line manager can enable them to provide you with tailored support and appropriate workplace adjustments.

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Name: Sarah Mitchell

Line Manager: Dominic Smith

Department: Department for Education

Details of your disability, condition, or barriers that you currently experience:

Please provide a description of your disability or any workplace barriers that you currently experience that may impact your wellbeing or work. Please do not provide any information that you do not feel comfortable discussing with your line manager.

I am returning to work following ongoing treatment for breast cancer. As a result of treatment, I have been experiencing various side effects including increased fatigue, stress, pain in my shoulders and arms following treatment, and lymphoedema.



I am also required to attend ongoing treatment at 9am; requiring travel during rush hour and exacerbating my symptoms of stress and fatigue further.

To support you in your role, please provide any information relating to workspace, working hours, communication, equipment and technology that may be impacted by your disability, health condition or circumstances. Please do not provide any information that you do not feel comfortable discussing with your line manager.

Workspace

Do you require any adjustments to your workspace to support you?

YES NO

Working Hours

Do you require any adjustments to your working hours to support you?

YES NO

1. My current working arrangement is to begin work at 9am and finish work at 5pm. However, as my appointment is required during working hours, I am unable to arrive for this appointment, exacerbating my symptoms of stress and fatigue. An adjustment of beginning my shift at 10am and finishing at 6pm would allow me to arrive on time at this appointment to receive treatment, whilst not impacting on my working hours, whilst helping me to manage symptoms of stress and fatigue. Alternatively, a temporary reduction in hours whilst undergoing treatment (this will be for 6 weeks) may be appropriate: resulting in a temporary reduction in hours of working between 10am-5pm.
2. I also experience an onset of fatigue during my workday due to my ongoing treatment. This impacts my work as I struggle to complete all tasks without feeling overwhelmed. An adjustment that would help alleviate these issues is the ability to take breaks when required, and increased ability to manage my workload to ensure it is not overwhelming.



Communication

Do you have a preferred method of communication that may support you/any methods of communication that you may find challenging?

YES NO

Equipment and Technology

Do you require any equipment or technology to be provided to support you in your role?

YES NO

1. The onset of lymphoedema and pain in my shoulders and arms following treatment has resulted in a reduced ability to use my computer, keyboard and mouse for long periods without pain. An adjustment that would help alleviate these issues would be the provision of an arm rest/wrist support and ergonomic mouse to provide support when using my devices.
2. The onset of lymphoedema has also resulted in increased pain when carrying equipment into the office when not remote working. An adjustment to alleviate this would be the provision of a trolley/trolley case to help reduce strain on my arms/shoulders, as opposed to my current (handheld) laptop bag.

Additional Information

Please provide any additional information that may not have been discussed in the sections above:

To reduce the impact of lymphoedema and pain in my shoulders and arms when typing/using my equipment, Occupational Health has previously recommended voice-activated software on my laptop/PC. However, as my symptoms are ongoing, a wrist support/arm rest may also be appropriate to further support me.



Summary of agreed workplace adjustments:

Workplace Adjustment	Date Identified	Date Implemented
Voice-Activated Device Software	04/03/2021	29/03/2021
Arm Rest/Wrist Support and Ergonomic Mouse	27/11/2021	14/12/2021
Trolley/Trolley Case	27/11/2021	14/12/2021
Work Breaks when required	27/11/2021	14/12/2021
Change of working hours	27/11/2021	14/12/2021

The following table is used to keep a written record of when the passport is reviewed and/or amended. **The passport should be reviewed at least annually:**

Review date (DD/MM/YYYY)	Amendments made	Reason for amendment	Employee signature	Line manager signature
03/01/2022	None Required	None Required	Sarah Mitchell	D. Smith

Employee signature and date: Sarah Mitchell	Line manager signature and date: D. Smith
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Example 3:

Workplace Adjustment Passport

Personal when completed

The purpose of the passport is to record all your workplace adjustment requirements that are agreed with your line manager. Sharing and discussing your passport regularly with your line manager can enable them to provide you with tailored support and appropriate workplace adjustments.

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This passport will belong to you, and can be shared with line managers in your current/new department to help facilitate any workplace adjustments you may require. This passport should be reviewed annually with your line manager but may be reviewed more frequently due to changes in your health circumstances/environment.

Name: Joyce Mitchell

Line Manager: Simone Cruz

Department: DWP

Details of your disability, condition, or barriers that you currently experience:

Please provide a description of your disability or any workplace barriers that you currently experience that may impact your wellbeing or work. Please do not provide any information that you do not feel comfortable discussing with your line manager.



I am autistic and I find working in loud environments with a large amount of background noise overwhelming. Additionally, I prefer to follow an established routine and can find it difficult when unable to follow a structured approach to a given task/project.

To support you in your role, please provide any information relating to workspace, working hours, communication, equipment and technology that may be impacted by your disability, health condition or circumstances. Please do not provide any information that you do not feel comfortable discussing with your line manager.

Workspace

Do you require any adjustments to your workspace to support you?

YES NO

Working in a loud environment with large amounts of background noise impacts my ability to concentrate on my role whilst in the office.

An adjustment that would help alleviate these issues is the ability to work in a quieter area of the office if possible.

Working Hours

Do you require any adjustments to your working hours to support you?

YES NO

Communication

Do you have a preferred method of communication that may support you/any methods of communication that you may find challenging?

YES NO



Inability to follow a general structure/plan in my work causes me to feel anxious or experience difficulty whilst working.

An adjustment that would help alleviate these issues is to establish a clear plan or approach to a task and provide notice for any adjustments/required amendments to this plan.

Equipment and Technology

Do you require any equipment or technology to be provided to support you in your role?

YES NO

An adjustment that would help support me at work is the provision of noise-cancelling headphones when working in busy environments to reduce the impact of background noise.

Additional Information

Please provide any additional information that may not have been discussed in the sections above:

Summary of agreed workplace adjustments:

Workplace Adjustment	Date Identified	Date Implemented
Use of noise-cancelling headphones whilst working in the office	16/10/2021	18/10/2021
Weekly planning meeting with L.M	16/10/2021	20/10/2021

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Review date (DD/MM/YYYY)	Amendments made	Reason for amendment	Employee signature	Line manager signature
04/01/2022	Not required	Not required	J. Mitchell	S. Cruz

Employee signature and date: J. Mitchell	Line manager signature and date: S. Cruz
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