



Workplace Adjustment Passport

Pre-Populated Passport Example - Arthritis

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 understand the impact your disability, health condition, or gender reassignment has on you when you are at work. Please note you do not need to provide any information you are not comfortable sharing.

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/job role.

Name: Rohan Mohammed

Line Manager: Katie Thompson

Department: Cabinet Office

Details of your Disability or Workplace 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.

In recent years my condition has worsened and I have had multiple flare ups.



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

NO

Working Hours

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

YES

- Taking frequent short breaks to walk and relieve any stiffness throughout the day would help to alleviate any pain.
- Working from home when the pain is bad.

Communication

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

NO

Equipment And Technology

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

YES

- Using an ergonomic office chair would help to relieve any pain worsened by incorrect posture due to a standard chair.
- Speech recognition software that allows me to control and create documents using my voice.



Additional Information

Please provide any additional information that may not have been covered 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.

Following an extreme flare up in my condition I had another OH referral.

Summary Of Agreed Workplace Adjustments:

The following table is used to keep a 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
Dragon NaturallySpeaking, speech recognition software	02/02/2023	17/02/2023

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	Change in Department, Line Manager and role	R . Mohammed	K. Thompson
23/07/2022	None Required	Yearly review	R . Mohammed	K. Thompson



Government
People Group

19/01/2023	Referral to OH and software recommend	Extreme flare up in condition	R. Mohammed	K. Thompson
5/02/2024	None Required	Change in Line Manager and role	R. Mohammed	D.Wickson
03/02/2025	None Required	Yearly review	R.Mohammed	D.Wickson

Employee Signature and Date:	R. Mohhamed	03/02/2025
Line Manager Signature and Date:	D Wickson	03/02/2025

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