



Workplace Adjustment Passport

Pre-Populated Passport Example – Breast Cancer

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: Sarah Mitchell

Line Manager: Jeff Brown

Department: The Office of Gas and Electricity Markets (OFGEM)

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 am in remission following breast cancer in 2022.

Following my breast cancer I still often feel pain, fatigue, and changes in sensation in the breast and arm.

I am required to attend follow up appointments with my Oncologist every 3-6 months, this is to check for any signs of reoccurrence.



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Side effects from previous medication and treatment is a loss of muscle mass and strength. I have “brain fog” due to the pain and discomfort I experience following treatment.

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?

- I need to work flexibly so I can attend my appointments and support group.
- I experience fatigue during my workday due to my recovery. 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

- I require clear written instructions and short written summaries after meetings to support my –brain fog caused by intermittent discomfort.
- Sending instructions for different tasks in separate emails with clear subject headers will help ensure that crucial information is not overlooked.
- Daily Check in – 10-15-minute check in first thing each working day to discuss the priorities for the day in relation to tasks that need to be cleared.

Equipment And Technology



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

YES

- I use voice activated software.
- I have an ergonomic office chair
- Treatment has left me with weakness and discomfort in my shoulders and arms which results in a reduced ability to use my computer, keyboard and mouse for long periods without pain. I use an arm rest/wrist support and ergonomic mouse to provide support.
- Because of weakness in my arms I use a laptop trolley when I am attending the office.

Additional Information

Please provide any additional information that may not have been covered in the sections above.

- I attend a support group every Friday and undertake some keep-fit classes, which I find more beneficial than physio and supports my recovery and helps with weakness.
- I also benefit from the peer support offered by the others in the group, which I have found better than counselling.
- I would like to be able to wear comfortable clothing, appropriate to the nature of my treatment, which may not always comply with the dress code/uniform.

Summary Of Agreed Workplace Adjustments:

The following table is used to keep a 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



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Change of working hours	27/11/2021	14/12/2021
clear written instructions and short written summaries after meetings	05/12/2024	05/12/2024
Sending instructions for different tasks in separate emails with clear subject headers will help ensure that crucial information is not overlooked.	05/12/2024	05/12/2024
Daily Check in – 10-15-minute check in first thing each working day to discuss the priorities for the day in relation to tasks that need to be cleared.	05/12/2024	05/12/2024

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	S Mitchell	D Smith
23/01/2023	removed change in working hours	No longer needed as in remission.	S Mitchell	D Smith
19/01/2024	None Required	Yearly review	S Mitchell	D Smith
5/12/2024	None Required	Change in Department, Line Manager and role	S Mitchell	J Brown



Employee Signature and Date:	S. Mitchell	05/12/2024
Line Manager Signature and Date:	J Brown	05/12/2024

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