



Workplace Adjustment Passport - Pre-Populated Passport Example - Neurodiversity

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: Joyce Mitchell

Line Manager: Simone Cruz

Department: DWP

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.

Information may include:

- I need a quiet workspace to avoid sensory overload.
- Change can upset me and leave me unsettled. I need to be made aware of changes early.
- I struggle with time management, organisation, and prioritisation.
- I need extra time to read and process written information.
- I can't process numbers, calculations, and mathematical concepts.
- I benefit from visual aids and calculators. I may have difficulty with time and money.
- I may have involuntary movements or sounds (tics).



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?

YES

Information may include:

- I need a quiet workspace, option for designated quiet room when needed.
- I need to work in natural light.
- I need dual or large monitors
- I need an ergonomic setup
- Hybrid working (80/20 home/office split)

Working Hours

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

YES

Information may include:

- I need flexibility in start/end times to avoid the stress of rush hour and crowded public transport.
- A predictable and consistent schedule is important for me to manage anxiety and cognitive fatigue.
- I find it helpful to have flexible hours to work during my peak focus times, which may vary.
- I need to work in shorter blocks with breaks to maintain focus.
- I may require extra time to complete tasks involving reading and writing, potentially needing adjustments to deadlines.
- I may need extra time to complete tasks requiring fine motor skills or physical coordination, potentially affecting my workflow.
- I need a slightly adjusted schedule to accommodate therapy or physical exercises.
- I may need extra time for tasks involving numbers or calculations.
- I need flexibility to take breaks as needed, especially during periods of increased tics.
- I need a schedule that allows for potential interruptions or delays due to tics.

Communication

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



YES

Information may include:

- I need information presented in clear, direct, and unambiguous language and simple, step-by-step instructions.
- I prefer concise and bullet-pointed information.
- I may need extra time to process verbal information and may not respond to a question instantly.
- I require any instruction to be given verbally and followed up in writing.
- I appreciate information in multiple formats (audio, visual).
- I will struggle with explanations of complex mathematical concepts.
- I may need breaks during long conversations.
- I may find it challenging to maintain eye contact.
- Weekly meeting with line manager.

Equipment And Technology

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

Information may include:

YES

- Noise-cancelling headphones
- Software for creating visual schedules and task lists.
- Time management and task prioritisation software.
- Reminder and alert systems for deadlines and meetings.
- Text-to-speech software.
- Voice-activated software.
- Calculator
- Software to minimise distractions (e.g., website blockers).

Additional Information

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

- I had an Occupational Health assessment in February 2025
- I have recently completed a wellness action plan.
- If you have any questions about the content of my passport or any of my workplace Adjustments please ask.



Summary Of Agreed Workplace Adjustments:

The following table is used to keep a summary of agreed Workplace Adjustments.

Workplace Adjustment	Date Identified	Date Implemented
Noise-cancelling headphones	12/03/2025	17/03/2025
Weekly meeting with line manager	12/03/2025	19/03/2025
Flexibility in start/end times	12/03/2025	18/03/2025
Ergonomic keyboard and mouse	12/03/2025	20/03/2025
Text-to-speech assistive software	12/03/2025	20/03/2025
Time management and task prioritisation assistive software	12/03/2025	19/03/2025
Hybrid working	12/03/2025	17/03/2025

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
21/03/2025	Not Required	Not Required	J. Mitchell	S.Cruz

Employee Signature and Date:	J. Mitchell 21/03/2025
Line Manager Signature and Date:	S.Cruz 21/03/2025

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