



Workplace Adjustment Passport - Pre-Populated Passport Example - Terminal Illness

Personal When Completed

The purpose of the passport is to record all your workplace adjustment requirements that are agreed upon 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 that 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: Bernadette Wooley

Line Manager: Harry Appleby

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 been diagnosed with a terminal illness.
- I would like empathy and considerate behaviours from my line manager and an understanding of the emotional toll this diagnosis has on me.
- During treatment, I may require extra time off to attend hospital appointments and to work from home afterward to manage any side effects and/or fatigue. I still wish to contribute to the team.



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

If yes, please provide further details.

- Work in a quieter setting.
- Be seated near a window when working in the office.
- Sit away from bright lights, especially directly above the workstation.
- We've agreed I can sit close to the toilets as my medication can make me feel nauseous, and I may need to access these facilities quickly.
- We've agreed I can sit near more natural light as my medication can sometimes cause quite severe headaches.
- I may ask to sit somewhere quieter/private to avoid being overwhelmed by meeting colleagues before I feel ready to.

Working Hours

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

YES

If yes, please provide further details.

- Adjusted working hours to accommodate required health appointments
- Amended start/ finish times to support you
- Working times that may not be appropriate for you due to your disability or circumstances.
- I require a flexible working pattern to alter my start and finish times and attend the office when I feel strong enough and work at home if not.
- Time off for planned medical appointments and flexibility to attend those occasionally notified to me at short notice.
- I 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. We've agreed that I can take breaks to manage my energy levels so my workload does not overwhelm me.



Government People Group

- I attend a support group every Friday and undertake some keep-fit classes, which I find more beneficial than physio. When I am struggling with the weakness caused by my medication, these sessions are really helpful.
- I also benefit from the peer support offered by the others in the group, which I have found better than counselling.

Communication

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

YES

If yes, please provide further details.

- Limiting the number of attendees when hosting meetings.
- Receiving transcripts following meetings.
- Conducting calls over video rather than a telephone call.
- I prefer clear written instructions and short meeting summaries to help manage brain fog caused by my medication and pain levels.
- I would like my manager to conduct keeping-in-touch calls in a private area to respect my privacy.
- Instructions for new tasks will be sent in separate emails with clear subject headers so I don't overlook crucial information and can organise and efficiently retrieve tasks from my inbox.

Equipment And Technology

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

YES

If yes, please provide further details. Provision of assistive software (e.g., screen readers)

- Provision of an ergonomic chair.
- Arm Rest/Wrist Support and Ergonomic Mouse.
- Provision of noise-cancelling headphones.
- I require a specialist chair - (Include chair measurement form and specification).
- I require a specialist desk - (Include desk measurements and specification details).
- I require assistive software - (Provide details of type(s) of software).

Additional Information



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

- Recognising and addressing feelings of guilt associated with time away from work and facilitating access to peer support networks would be beneficial.
- 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	14/02/2025	28/04/2025
Arm Rest/Wrist Support and Ergonomic Mouse	14/02/2025	28/04/2025
Specialised chair	14/02/2025	28/04/2025
noise-cancelling headphones	14/04/2025	28/04/2025

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
(insert date of review)	(insert amendments made)	(insert reason for amendments)	(insert employee signature)	(insert manager signature)
(insert date of review)	(insert amendments made)	(insert reason for amendments)	(insert employee signature)	(insert manager signature)
(insert date of review)	(insert amendments made)	(insert reason for amendments)	(insert employee signature)	(insert manager signature)

Employee Signature and Date: (insert Employee Signature and date here)

Line Manager Signature and Date: (insert Manager Signature and date here)

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