



Workplace Adjustment Passport

Personal when completed

Section 1	
Name: Lynsey	Name of line manager:
Date adjustment/requirements identified/agreed & implemented: September 2016	Date of last review and 12 month review: May 2016
Section 2	
Details of adjustments/individual requirements:	
<ul style="list-style-type: none">• I am partially deaf and wear hearing aids. I have difficulty hearing people in noisy environments, if they are a few feet away or if they are not facing me.• I have arthritis and to help me manage the pain and other symptoms, I need to rest because I get tired easily.	
Section 3	
<ul style="list-style-type: none">• It has been recommended that I have a headset that fits over my hearing aids, an amplifier to be fitted to the telephone and a hand-held amplifier to take to meetings. I am waiting for equipment to be supplied.	
Name: A Sample	Area agreement: A Line Manager
Date job related adjustment/requirements identified and/or agreed: September 2016	Date of review: Not arranged yet
Details of job related adjustments/individual requirements:	
<ul style="list-style-type: none">• It has been recommended that I have a headset that fits over my hearing aids, an amplifier to be fitted to the telephone and a hand-held amplifier to take to meetings.• I work compressed hours to allow me to have a day off; this relieves the symptoms of my arthritis and means I don't get run down, leading to illness.	
Line manager signature:	Date:



The following table is used to keep a written record of when the Passport is reviewed and/or amended.

Review date (DD/MM/YYYY)	Amendments made	Reason for amendment	Employee signature	Line manager signature

This is a template for you to use in your department – please do not amend it although you can add information at the bottom.

THIS IS NOT A LEGAL DOCUMENT

Section 4: Optional additional supporting information

<p>Has a Display Screen Equipment Assessment been carried out?</p> <p>Yes</p>	<p>If a further appropriate assessment has been carried out – please list them below:</p> <p>Hearing assessment on 05/09/16</p>
<p>Personal Emergency Evacuation Plan (PEEP) required?</p> <p>No</p>	<p>Has an Occupational Health Referral been conducted?</p> <p>Yes</p>
	<p>Emergency contact (if necessary):</p>
<p>For all of the above if the answer is 'Yes' then records of these will be retained by the individual and, provided they are content, can be shared with a new line manager. In the case of a PEEP this would be given to the appropriate person.</p>	
<p>Employee signature:</p>	<p>Line manager signature:</p>