

# Reasonable adjustments disability passports

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## SECTION 3

### A model reasonable adjustments passport

The information provided in the reasonable adjustment passport is confidential to the worker and their line manager and HR. It should not be shared with anyone without the written consent of the worker.

A copy of the passport should be held by both the worker and their manager and, if appropriate, HR.

Name of worker:	
Worker/payroll number:	
Worker's signature:	Date:
Name of line manager:	
Managers signature:	Date:
Team/unit/department:	
Directorate:	

## Reasonable adjustments details

**My health condition or impairment interacts with barriers within and/or outside the workplace to create the following impact(s) on me at work:**

This could include:

- › effect on co-ordination, dexterity, or mobility
- › effect on mental health
- › effect on hearing, speech or visual impairment
- › effect on my ability to interact socially with colleagues
- › effect of particular working environments (for example open-plan offices)
- › attending medical or counseling appointments\*

An example of a response might be:

*'If my role requires me to stand for long periods of time, then this will create a barrier for me due to my coordination/dexterity/mobility condition.'*

**The following reasonable adjustments have been agreed between me and my manager:**

**Has any additional advice been given or requested? If so, from whom and what date was it requested/given: (Please attach any such information to the back of this document).**

**Date of implementation:**

## **My condition or impairment and work**

Please complete this section if you have a fluctuating condition:

**On a good day, I believe that my disability or condition interacts with barriers within or outside the workplace to have the following impact on me at work:**

**When things are not so good, I believe that my disability or condition interacts with barriers within or outside the workplace to have the following impact on me at work:**

**Therefore, I might need the following further reasonable adjustments:**

# Emergency contacts

Below is a section for **optional** emergency contact details.

You are under no obligation to provide these details but can choose to fill out contact details for **one, none or all** of the suggested boxes or provide contact details for groups not suggested here.

If I'm not well or there are any urgent concerns about my wellbeing, I'm willing for my manager/management to contact any of the following emergency contacts in the order of preference indicated below.

(Please add, amend or delete contact types as appropriate or when there are any changes.)

<p><b>Relative, partner or family member (preference number: .....)</b></p> <p>Name: .....</p> <p>Relationship to you: .....</p> <p>Telephone numbers Home: ..... Mobile: .....</p>
<p><b>Friend (preference number: .....)</b></p> <p>Name: .....</p> <p>Telephone numbers Home: ..... Mobile: .....</p>

**Specialist/care co-ordinator/support worker/general practitioner/nurse  
(preference number:.....)**

Name:

.....

Relationship to you:

.....

Telephone numbers

Home:

Mobile:

.....

**Other (please specify) (preference number:.....)**

Name:

.....

Relationship to you:

.....

Telephone numbers

Home:

Mobile:

.....

# Review

The passport and agreed reasonable adjustments should be reviewed six months after the worker’s adjustments have been put in place to ensure they are removing any identified workplace barriers. Where they have not been put in place or have not proved to be useful to the worker, this meeting would ensure adjustments can be actioned or new adjustments could be agreed.

Further reviews will be at the worker’s request, or if there is any change to a worker’s job, which might create additional barriers, to ensure the adjustments are still appropriate and effective in eliminating workplace barriers.

The worker has the right to be accompanied by their union rep at these review meetings.

<p><b>I believe there have been the following changes in my condition/ impairment (and/or changes to my situation which impact on my condition/ impairment) and require the following changes to be made to the current agreed adjustments:</b></p>		
<b>Review date</b>	<b>Line manager’s signature</b>	<b>Worker’s signature</b>

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