

Disability Passport

Section 1.

Employee Name:..... Manager’s Name:.....

Date of meeting:..... Effective From:.....

Awaiting further information before completion (details):

.....
.....

Section 2.

Employee Adjustment Request(s)	Adjustment Approved Y/N	Manager’s Comments

Section 3.

OH Adjustment Recommendation(s) (If any)	Adjustment approved Y/N	Manager’s Comments

Section 4 –

I consent for this form to be retained on my Human Resources record, and I am aware that this will be visible to my current line manager and any future line managers.

Signed (Employee):..... Signed (Line Manager):.....
Print Name:..... Print Name:.....
Date:..... Date:.....
Employee Number:..... Date of Review:.....

Employees should ensure that any copies of the passport that they retain, become their responsibility and should be stored in a safe and secure manner.

Section 5 – Reviewing the document

The passport and agreed reasonable adjustments should be reviewed every 12 months.

Further reviews may be necessary at the employee’s request, or if there are any changes to the employee’s duties or condition/situation.

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

Review Date	Reason for Review	Details of Adjustment	Employee Signature	Manager’s Signature

Section 6 – Optional Additional Information

Does the employee have a Personal Emergency Evacuation Plan? If yes, please provide details: -

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Emergency Contact:

Name:..... Relationship:.....

Home Phone Number:..... Mobile Phone Number:.....

Medical Contact (If applicable)

Name:..... Relationship:.....

Home Phone Number:..... Mobile Phone Number:.....

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