Health Partners

Workplace Adjustments Passport

Neurodiversity, Vision & Hearing

Workplace Adjustments Passport

Below is an example Workplace Adjustments Passport and guidance on the use of this. Your organisation may wish to use this as it is, or adapt it as required to suit your workforce.

Workplace Adjustments Passport Guidance

The Workplace Adjustments Passport is a live document owned by the employee, which captures the implemented adjustments agreed between an employee and their Line Manager. It also provides a space for the employee to highlight any key information their Line Manager should be aware of in relation to their neurotype / condition. The Workplace Adjustments Passport provides a tool to structure the review of implemented recommendations and aims to minimise the need for renegotiating or communicating adjustments when a workplace change occurs, such as a change of department, job role or management.

The Workplace Adjustments Passport should be reviewed on a regular basis during one-to-one meetings; the frequency should be agreed between an employee and their Line Manager. It is important that the Workplace Adjustments Passport is also reviewed before and after any change of circumstances for the employee or their job role and following any period(s) of sickness absence related to their neurotype / condition.

Workplace Adjustments Passport

Name:				
Job Title:				
Department:				
Line Manager:				
Signed	**Employee**		**Line**	
Date			**Manager**	
Review Date:				

Neurotype / Condition
I identify as / with: **I have the following diagnoses:** **To me, this presents as:** *(Describe key traits you experience associated with your neurotype / condition*
Strengths
My strengths in the workplace are: **Tasks I most enjoy and/ or perform well include:** **I am energised by:** **Strategies I use to support myself include:**
Impacts
The impact of my neurotype / condition in the workplace is: **The tasks I find most challenging include:**

On a good day I can experience: **On a bad day I can experience:** **Early warning signs my manager and colleagues might notice if I am experiencing difficulties at work include:**

Adjustments		
Document any agreed adjustments here.		
Adjustment	How this supports me	Date of implementation

Anything else I would like you to know	
Has an occupational health referral been completed?	Yes
Has a workplace needs assessment been completed?	Yes
I am happy to share this form with HR	Yes

Date Review Due	**Date completed**