# University of Oxford Workplace Adjustments Plan

## Section 1: Personal Information

|  |  |
| --- | --- |
| **Title** | Click or tap here to enter text. |
| **Name** | Click or tap here to enter text. |
| **Line Manager / PI / Supervisor** | Click or tap here to enter text. |
| **Department / School / College** | Click or tap here to enter text. |

### Summary of disability/ health condition:

You may already have existing documentation which you feel would be valuable to share with your line manager to help them understand your disability or other health condition and the adjustments needed. Please attach or include a secure link (such as OneDrive) to these documents below.

Has any external written advice been given or requested, for example from your GP or Occupational Health?

 Yes [ ]  No [ ]

If yes then please attach it to this document or provide a secure link to where it can be downloaded from.

Note It is not compulsory to do so and the purpose of providing such information is to enable you and your manager to have an informed discussion about your specific requirements.

 If you have any questions or concerns about doing so then please contact the Staff Disability Advisor: staffdisability@admin.ox.ac.uk

If you are awaiting this information please tick here: [ ]

Do you have a Personal Emergency Evacuation Plan (PEEP)?

Yes [ ]  No [ ]

If yes, please attach it to this document.

If you think you need a PEEP you should discuss this with your line manager or departmental safety advisor.

## Section 2: Adjustment Details

For guidance on some of the types of adjustments that can be agreed to support disabled staff or those with long-term health conditions please see [edu.admin.ox.ac.uk/support-for-disabled-staff](https://edu.admin.ox.ac.uk/support-for-disabled-staff) or contact the Staff Disability Advisor to discuss this further via staffdisability@admin.ox.ac.uk

Do you already have any previously agreed adjustments in place? If so, please give a brief outline as appropriate including details on when they were agreed and with whom.

Please give a brief overview of how your disability or other health condition impacts you within the workplace.

Please state what adjustments you feel will support you at work to fulfil your role and responsibilities.

Click here to enter text.

Do you have a disability or other health condition that needs no immediate action, but which you wish to bring to the attention of your line manager / PI / supervisor?

Yes / No (delete as applicable)

## Section 3: Fluctuating conditions

Please complete this section if you have a fluctuating condition you wish to bring to the attention of your line manager.

On a good day, my condition may create the following impact(s) on me at work

Click here to enter text.

When things are not so good, my condition may create the following impact(s) on me at work

Click here to enter text.

What, if any, temporary adjustments, are required to support you when things are not so good?

## Section 4: Agreed adjustments

Please provide a summary of each adjustment agreed between you and your line manager, stating the time period if the adjustment is temporary. Please add further adjustments to the list if more than five are agreed.

**Adjustment 1**

Click here to summarise the agreed adjustment.

Temporary [ ]  Start: End:

Open-ended ☐

**Adjustment 2**

Click here to summarise the agreed adjustment.

Temporary [ ]  Start: End:

Open-ended ☐

**Adjustment 3**

Click here to summarise the agreed adjustment..

Temporary [ ]  Start: End:

Open-ended ☐

**Adjustment 4**

Click here to summarise the agreed adjustment.

Temporary [ ]  Start: End:

Open-ended ☐

**Adjustment 5**

Click here to summarise the agreed adjustment.

Temporary [ ]  Start: End:

Open-ended ☐

Signature of line manager / PI / Supervisor:

Date:

Your signature:

Date:

## Section 5: Review

This Plan and agreed adjustments should be reviewed at least annually after adjustments have been put in place, even if the agreed adjustments are open-ended. Additional reviews will be at either your or your line manager’s request, for example if there are changes to your role or your condition.

Use the space below to either confirm that the previously agreed reasonable adjustments remain appropriate or that new adjustments have been agreed. Each time you undertake a review, sign and date the agreement and ask your line manager to do the same.

**Date of Review:**

Comments: Provide detail of any changes to previously agreed adjustments and add any new adjustments.

Signature of line manager:

Your signature:

**Date of Review:**

Comments: Provide detail of any changes to previously agreed adjustments and add any new adjustments.

Signature of line manager:

Your signature:

**Date of Review:**

Comments:

Signature of line manager:

Your signature:

**Date of Review:**

Comments:

Signature of line manager:

Your signature:

## Next Steps

You should keep a copy of this Plan in a secure location such as your One Drive, and provide your line manager with a link. Employees who do not have access to a computer and have completed the form by hand, are advised to keep the form in a safe location and provide their line manager with a printed hard copy.

If there are any changes to your disability or health condition which have an impact on your wellbeing at work and/or if the agreed adjustments are not working, you should arrange a discussion with your line manager. If you or your line-manager are unsure of what adjustments may be appropriate then you may wish to contact the Staff Disability Advisor for advice.

### GDPR Privacy Notice

The University processes the personal and special category data you provide in this Workplace Adjustment Plan in order to offer you any assistance, support or reasonable adjustments you may need to help you fulfil your role. We recommend that you save this Workplace Adjustments Plan in a secure digital location and provide your line manager with a link to it. Your Plan information will not be shared more widely unless you wish it to be.

Details such as how to contact the University’s Data Protection Officer and your rights as a data subject can be found here at: <https://compliance.admin.ox.ac.uk/data-protection-policy>

Further details on how your information as an employee is processed can also be found in the link above.