Ensure you have read and are familiar with the details in the Transitioning at Work Policy before the meeting.

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Pre-Meeting Action;** | | **Done/ discussed** |
| **1.** | Ensure there is an appropriate confidential space available for your meeting or confirm details if to be held by phone/video conference. |  |
| **2.** | If you have any questions or concerns about the meeting, contact HR Direct for support. |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Review Meeting;** | | | **Done/ discussed** |
| **3.** | | Do you feel comfortable continuing in your role? If no, what are the issues/potential solutions? |  |
| **4.** | | Are there any temporary or permanent changes to your role which should be considered to support you? (Considerations should include security aspects such as lone working, night working.)  For Example:   * Transwoman on Oestrogen/HRT may find manual handling more difficult and these duties may need to be reassessed * To allow Trans employees private space and time to wear, remove or adjust binders. * Employees who are receiving voice therapy may need to limit the amount of time they spend speaking such as on phone calls. |  |
| **5.** | | What is the expected timescale of any potential medical and surgical procedures you may need/consider? |  |
| **6.** | | Do you require any time off for medical treatment? If so, let us discuss how we can best facilitate this. |  |
| **7.** | | If you are changing your name, title, and pronouns, what will your new ones be? |  |
| **8.** | | When do you wish to start using your new name, pronouns and title? |  |
| **9.** | | Will there be any phasing? |  |
| **10.** | | When do you wish to start dressing and presenting as your acquired gender? Will this be phased? |  |
| **11.** | | Are there any dress codes which need to be considered? (Do new uniforms need to be ordered?) |  |
| **12.** | | Should you wish to change or use toilet and changing facilities appropriate to your acquired gender, when would you like this to happen? Please note disabled toilets should not be suggested as an alternative. |  |
| **13.** | | When, how and which Human Resources records and or systems will need amending? |  |
| **14.** | | Would you like colleagues to be informed of your transition? If so, when and how would you like to do this? |  |
| **15.** | | Is there any education material which could be used? |  |
| **16.** | | What arrangements have been/should be put in place for mentor/colleague support? |  |
| **17.** | | What level of support do you need from me? How often would you like to meet and what could this look like for you? |  |
| **18.** | | Comments |  |
| **Post Meeting Action;** | | | **Done/ Discussed** |
| **19.** | Here is a copy of our agreed Action Plan | |  |
| **20.** | Diarise/invite any following up meetings/discussions | |  |