



Tailored Adjustment Agreement Recording Tool

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This form is designed to capture the initial discussion between the employee and manager regarding any new workplace adjustments required for their specific needs

Employee Name * *Required*

Assignment Number * *Required*

Please enter a whole number (integer).
Your answer should be no more than 8 characters long.


Centre or Base * *Required*

Department * *Required*

Directorate * *Required*

Name of Manager * *Required*

Date of Agreement * *Required*


(dd/mm/yyyy)

Details of workplace adjustments discussed with the individual. Examples of adjustments can be found in '[Line Manager Guide - Making Adjustments](#)' * *Required*

How does the disability/issue impact the individual at work? * *Required*

Is it a simple or complex case? Simple - e.g. is the request easy and straight forward to implement? Complex - e.g. further information or support is required? * *Required*

- Simple
- Complex

Complex

Are any adjustments required and if so, are they reasonable? * *Required*

- Yes
- No

If not reasonable, please detail why

Category of adjustments required * *Required*

- Anxiety/stress/depression/other psychiatric illnesses
- Back problems
- Other musculoskeletal problems
- Asthma
- Chest & respiratory problems
- Headache/migraine
- Benign and malignant tumours/cancers
- Blood disorders
- Heart, cardiac & circulatory problems
- Eye problems
- Endocrine/glandular problems
- Gastrointestinal problems
- Genitourinary and gynaecological disorders
- Injury/fracture
- Nervous system disorders
- Pregnancy related disorders
- Skin disorders

Substance abuse

Other

If you have selected other, please identify

Have you sought Occupational Health (OH) advice? * *Required*

Yes

No

Please indicate OH report number (if you have one)

Is other specialist equipment required? * *Required*

Yes

No

Is additional funding required? * *Required*

Yes

No

Has additional funding been agreed?

- Yes
- No

Have HR/HS&W been consulted? * *Required*

- Yes
- No

Please detail

Is a Personal Emergency Evacuation Plan (PEEP) required? Contact local Facilities and / or HS&W Advisor for assistance if required. * *Required*

- Yes
- No

Workplace Adjustment Details

Detail workplace adjustment to be put in place * *Required*

Next review date (if applicable)

Please select a date. Review dates should be set to reflect the likelihood of changes in the issues involved. For example, pregnancy would require monthly reviews, whereas a back condition might need less frequent reviews.

Dates need to be in the format 'DD/MM/YYYY', for example 27/03/1980.



(dd/mm/yyyy)

Complete Tailored Adjustment Form

You will need to put your relevant names in the boxes below and submit the form.

Once you have submitted the form you will have an option to download the completed form. You will need to print a copy, sign and keep for your own records.

Employee name/signature (print then sign)

Manager name/signature (print then sign)

Thank you for submitting this form
