

Tailored Adjustment Agreement Review Recording Tool

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This form is designed to review previous Tailored Adjustment Agreements and to capture any further requirements, if applicable.

Name of Employee * *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 Review * *Required*



(dd/mm/yyyy)

Details

Details of current workplace adjustments * *Required*

Have the current workplace adjustments been effective? * *Required*

Yes

No

Are current workplace adjustments still required, or are further / new adjustments required?
* *Required*

Yes - still required / new required

No - no longer required

Additional details

What are the further / new workplace adjustments? Examples of adjustments can be found in '[Line Manager Guide - Making Adjustments](#)' * *Required*

Are the workplace adjustments reasonable? * *Required*

- Yes
- No

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

- Yes
- No

Please indicate OH report number (if you have one)

Category of workplace 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

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? * *Required*

- Yes
- No

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.



(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 signature (print then sign)

Manager signature (print then sign)

Thank you for submitting this form
