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| **Individual Adjustments Plan** | |
| **Guidance** | |
| If you are completing an Individual Adjustments Plan to accommodate disability needs, please refer to the Reasonable Adjustments Policy – Managers Guidance (include link when available).  The plan can be used for a wide range of other circumstances and is a record of any requirements employees have, and adjustments which would help them perform their job to the best of their abilities.  The completed form should be saved and stored securely. You will keep a confidential copy of this record and share a copy with the employee. You will be responsible for reviewing the agreed arrangements periodically with the employee to address any issues or concerns which may arise or change over time.  If the employee changes roles or line manager, they will be responsible for sharing this document with the new line manager and should rediscuss the plan with them.  **The following checklist can help you to identify, agree and implement adjustments:**   |  |  | | --- | --- | | **Checklist:** | **Completed (Y/N):** | | Before the meeting to discuss adjustments: |  | | Familiarise yourself with the relevant policies or guidance |  | | Read through any relevant information provided by the employee and/or support services |  | | After the meeting to discuss reasonable adjustments: |  | | Reflect on support requirements – think of the job and the tasks undertaken by the employee and reflect on the challenges they are facing in the workplace |  | | Reflect on individual adjustments – consider the potential adjustments and reflect on how they remove or reduce the challenges the employee is facing at work. |  | | Complete all the sections of the Individual Adjustments Plan |  | | Set a review date with the employee |  | | Share the Individual Adjustments Plan with the employee |  | | Safely and confidentially store the document |  | | |
| **Section 1: Employee’s details** | |
| **Please complete all sections below:** | |
| Name: |  |
| Assignment Number: |  |
| College/ Professional Service Group: |  |
| School/Department: |  |
| Current Job Title: |  |

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| **Section 2: Agreed adjustments** | |
| **Support Requirements** | **Agreed adjustments** |
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| **Section 3: Communications and changes** |
| Information about the employee’s circumstances will not be shared with third parties without their consent unless required by the law. The Individual Adjustments Plan will be kept securely and confidentially by you and your employee and can be shared with other colleagues at the employee’s discretion only.  The Individual Adjustments Plan may need to be shared with colleagues whose role is to provide advice on and/or implement the agreed adjustments.  If the employee changes roles or line manager, they will be responsible for sharing this document with the new line manager and should rediscuss the plan with them. |

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| **Section 4: Conclusion and review** | |
| The adjustments included in this form should be regularly reviewed. Reviews should be conducted at least annually, but they could be more frequent if required, and depending on individual needs.  This is to ensure that individual adjustments reduce or remove any identified challenges and that they remain effective at all times. Further reviews can be requested by employees who experience sudden changes in their circumstances that may have an impact on their ways of working. | |
| **Current date:** |  |
| **Review date:** |  |
| **Any additional comments:** |  |