**Sample Form – Disability – Staff Reasonable Adjustments Agreement**

As an employer, a primary care organisation has a duty to make reasonable adjustments for disabled people and take such steps as are reasonable to take into account all circumstances to avoid any disadvantage; it has to make a ‘reasonable adjustment’ for its staff[[1]](#footnote-1).

When deciding whether an adjustment is reasonable, organisations can consider issues such as cost (larger organisations are generally expected to invest more), practicality, health and safety factors, practice size and whether the adjustment will achieve the desired effect. If making the reasonable adjustments for disabled people would lead to the service breaking a different legal obligation, the organisation may not be required to do so.

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| **Disability reasonable adjustments agreement** | | | |
| **Employee's name** |  | | |
| **Job title** |  | | |
| **Department** |  | | |
| **Manager's name** |  | | |
| This is a record of the reasonable adjustments agreed between the above-named employee and manager.  The purpose of this agreement is to:   * Ensure that both the employee and the organisation have an accurate record of what has been agreed * Minimise the need to renegotiate reasonable adjustments every time the employee changes job, is relocated or is assigned a new manager within the organisation * Provide the employee and his or her manager with the basis for discussions about reasonable adjustments at future meetings   This agreement may be reviewed and amended as necessary with the agreement of both parties:   * At any regular one-to-one meeting * At a return-to-work meeting following a period of sickness absence * At six-monthly and/or annual appraisals * Before a change of job or duties or the introduction of new technology or ways of working; or * Before or after any change in circumstances for either party | | | |
| **Employee** | | | |
| **My disability in the workplace** | | | |
| My disability has the following impact on me at work: | | | |
| I need the following agreed reasonable adjustments: | Date budget holder contacted: | Date implemented: |  | |
| **Wellness at work – employees who have fluctuating mental or physical disabilities** | | | |
| On a ‘good day’ my disability has the following impact on me at work: | | | |
| When things are breaking down, the following symptoms are indications that I am not well enough to be at work: | | | |
| **Emergency contacts** | | | |
| If I am not well enough to be at work, I am happy for my manager to contact any of the following emergency contacts in the order of preference indicated below: | | | |
| GP (preference [ ]) | Care co-ordinator (preference [ ]) | |  | |
| Name:  Surgery:  Telephone number:  Address: | Name:  Telephone number:  Mobile telephone number:  Address: | |  | |
| Relative (preference [ ]) | Specialist (preference [ ]) | |  | |
| Name:  Relation to me:  Telephone number:  Mobile telephone number:  Address: | Name:  Hospital:  Telephone number:  Mobile telephone number:  Address: | |  | |
| Friend (preference [ ]) | Other (preference [ ]) | |  | |
| Name:  Telephone number:  Mobile telephone number:  Address: | Name:  Relationship to me:  Telephone number:  Mobile telephone number:  Address: | |  | |
| [add, amend or delete types of contact as appropriate] | | | |
| I will let you know if there are changes to my condition that have an effect on my work and/or if the agreed adjustments are not working. We will then meet privately to discuss any further reasonable adjustments or changes that can be made.  If you notice a change in my performance at work or feel that these reasonable adjustments are not working, I would be happy to meet you privately to discuss what needs to be done. | | | |
| **Manager** | | | |
| **Keeping in touch** | | | |
| If you are absent from work on sick leave or for a reason relating to your disability for more than [ ] days and have followed the usual procedures for notifying the organisation of your absence, I will keep in contact with you in the following way: | | | |
| Who will contact whom? | | | |
| How will contact be made? (email, telephone, text, letter, minicom) | | | |
| How often? (daily, weekly, monthly) | | | |
| When? (preferred day, preferred time) | | | |
| **Conversations while you are on sick leave** | | | |
| We have agreed that the topics that we will discuss while you are absent include:   * How you are feeling * What I can do to help * How your current work will be dealt with * The possibility of a planned phased return to work; and * The return to work date   [add/delete as appropriate] | | | |
| **Return to work** | | | |
| When you are ready to return to work after a period of sickness or disability-related absence of more than [ ] days, we will meet to review this agreement and make any necessary amendments.  At this return-to-work meeting we will also discuss:   * Any current work issues * A phased return or back-to-work plan * What to tell the team; and * Any assessments to review existing reasonable adjustments (such as by [Access to Work](https://www.gov.uk/access-to-work), your GP or occupational health) and identify new adjustments that might be needed   [add/delete as appropriate] | | | |
| **Unauthorised absences from work** | | | |
| If you are absent from work and have not followed the usual procedures for notifying us that you are sick or absent for a reason relating to your disability, we have agreed that I will try to contact you on your mobile and/or notify your emergency contact whose up-to-date details are as follows: | | | |
| An up-to-date copy of this form will be retained by the employee and placed on the employee’s personnel file.  A copy of this form may also be given to a new or prospective manager with the prior consent of the employee. If the employee changes job, is relocated or is assigned a new manager, the new manager should accept the adjustments outlined in this agreement as reasonable and ensure that they continue to be implemented. The agreement may need to be reviewed and amended at a later date but this should not happen until both parties have worked together for a reasonable period of time. | | | |
| **Employee's signature** |  | | |
| **Date** |  | | |
| **Organisational manager's signature** |  | | |
| **Date** |  | | |

1. [CQC GP Mythbuster 67: Reasonable Adjustments Disabled People](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbuster-67-reasonable-adjustments-disabled-people) [↑](#footnote-ref-1)