

**A**ccess

|  |  |
| --- | --- |
| NAME: |  |
| LINE MANAGER: |  |

This document is owned by you, not your Line Manager.

The contents of this document should not be discussed, shared or changed without your consent.

What is an Access form?

An Access form is an undertaking entered into between the employer & an employee.

This document can be used for the benefit of you and your employer to help explain your impairment and what can be put in place in the workplace to facilitate your access needs.

The Access form can be completed by any employee who feels that their circumstances may have an impact on their ability to work either currently or at some point in the future.

This should be completed at the commencement of employment, or you or your line manager feels completing such a document will be useful for both parties. You may request a colleague or independent third party to be present at the meeting. After completion, it should be reviewed as frequently as necessary as agreed between you and the line manager.

Once the Access form is completed and any potential actions have been agreed between you and your line manager, you must have confidence that it is confidential. If, as the line manager, you are moving to another role, it is your responsibility to hand over this document to the incoming line manager and ensure that they are aware of the contents, and, most importantly, its continuing confidentiality.

This document is designed to be completed and saved by you and your manager with due regard to your confidentiality and the document’s contents when completed.

The Access form will help you to describe:

* Your impairment and how this might affect you in the workplace
* The medication you may take for your disability and how it may affect you in the workplace
* What reasonable adjustments might be needed now, or in the future, to assist you doing your job
* What the line manager, and employer, should do if you become ill whilst in the workplace
* Agreed communication between you and your line manager should you become too unwell to come into work

|  |  |
| --- | --- |
| Date of Meeting: |  |
| Names of those present: |  |
| Current role and responsibilities: |  |

|  |
| --- |
| Outline of your Condition and History:  This will help promote a better understanding of your condition.  (Pay particular attention to how your condition affects you in the workplace on a day-to-day basis and any support you have had in the past, perhaps at school, University or other workplaces) |

|  |  |
| --- | --- |
| **What is the pattern of your disability?**  Stable, relapsing, recurrent, unpredictable |  |
| **What medication do you take for your condition and how does it affect you on a daily basis, if any?**  **Do you experience side effects from the medication?** |  |
| **What is the ongoing treatment for your condition, if any?** |  |
| **Are there any elements of your role that you think you might need support in fulfilling / are concerned about?** |  |
| **Do you think there are any reasonable adjustments that can be put in place to make things easier for you? Please list.**  e.g room for time out, covers on lighting, shifted working hours, abiity to work from home when necessary, software to assist with access, any equipment to make things easier |  |
| **Have you contacted Access to Work before?**  **What support have they provided in the past?** |  |
| **What are the early signs that your condition is deteriorating, if any?** |  |
| **What should your employer do if they notice your condition appears to be deteriorating?** |  |
| **In an emergency, what should the employer do, and who should they contact on your behalf?** |  |
| **If you are unable to come into work, how would you like to communicate with your Line Manager to notify them of your absence?** |  |
| **Is there anything else not covered that you think would be useful to include?** |  |
| **Who are you happy for this document to be shared with?** |  |

Next Steps

|  |
| --- |
| Please list the agreed next steps between you and your line manager, including responsibilities and time frames:  (these might include contacting Access to Work, specific support being put in place or reviewing this document in a determined amount of time) |

|  |  |
| --- | --- |
| Signed (you): | Date: |
| Signed (line manager): | Date: |

Access to Work

Access to Work provides financial support for disabled people or people with physical or mental illness that makes it hard for them to do elements of their job without support.

Access to Work can provide financial support towards:

* Additional transport costs if taxis are needed to get to work
* Equipment or software necessary for access
* Sign language interpreters
* Training or support for your team to help them support someone with a disability

The employee must make the application themselves, the employer is not able to do this. This application cannot be made until employment has begun.

Access to Work will complete an assessment to ascertain what kind of support is required.

Visit the website for more information and link to start an application:

https://www.gov.uk/access-to-work

Telephone: 0800 121 7479   
Textphone: 0800 121 7579    
Monday to Friday, 8am to 6pm