**Workplace Adjustments Service Request Form**

**Please note that this request form is for physical equipment/adaptations and NOT for modifications to working hours or duties.**

This form is CONFIDENTIAL and will only be shared with those who need to advise and process the request and third parties with your consent.

**Please complete ALL fields before submitting**

|  |  |
| --- | --- |
| **First Name:**  | **Surname**: |
| **Date of Birth:** | **NHS Number:** |
| **Job title:** | **Work Email**: |
| **Electronic Staff Record number:** | **Division and Department**: |
| **Line Manager**: | **Line Manager Email:** |
| **Box Number:** | **HR Room Number:** |

**Details of how a workplace adjustment would support you in your role at work;**

How does your impairment or condition impact on your working day? What solutions would ease and support your condition at work? How will the adjustment support you in your role? \*Please include Working from Home ratio if applicable.\*

**Have you completed a Display Screen Equipment (DSE) checklist?**

<http://merlin/Lists/DMSRecords/DispRecordTabsDoc.aspx?ID=19520>

If you have completed a DSE, please submit completed checklist to: cuh.workplaceadjustments@nhs.net

If you have not completed a DSE checklist and it is relevant to your role, please complete the assessment and submit, prior to any further actions.

I**s your ESR record up to date with your disability or condition?** Yes [ ]  No [ ]

<https://my.esr.nhs.uk/>

**Please note this does not affect your eligibility/application for adjustments**.

**Professional Recommendation**

If your request is linked to an Oh referral or another health professional recommendation please complete the following information;

OH [ ]  GP [ ]  Specialist [ ]  Other [ ] ………………………………….

Date of recommendation: …………………………………..

Additional supporting information**;**

**Communication and Line Managers Support**

Line Managers have a Duty of Care to those in their teams and this includes supporting reasonable adjustments as required. It is therefore important your line manager has an awareness of your circumstances and this request (if this at all possible).

You might want to use the [Purple Passport](https://cuhstaffportal.co.uk/healthandwellbeing/emotional-and-psychological-support/the-purple-passport/) as a tool to support a conversation with your manager.

If for any reason you do not feel able to discuss this with your manager please contact the Equality, Diversity and Inclusion Team and they will endeavour to support you; cuh.equality@nhs.net

Name of line Manager: ……………………………………………………………………….

Date of discussion/request: …… …………………………………………………………….

Manager in support of application: Yes [ ]  No [ ]

If you have answered no, please provide your managers reason for not supporting your application:

…………………………………………………………………………………………………………………………...

……………………………………………………………………………………………………………………………

**For Information, the outcome of the application will be shared with your manager.**

**Consent to sharing information**

I understand that my details will be stored on a centralised computer system within Oh. [ ]

I consent to sharing my information, understanding that Data Protection Principles will be followed and adhered to in my application for a Workplace Adjustment. [ ]

I understand information will be shared with Oh, Workplace Adjustments Panel and Third parties (with consent) in support of the application. [ ]

Should you have any questions or concerns please contact cuh.workplaceadjustments@nhs.net

**Signature of applicant: …………………………………………………………………………..**

**For your information;**

In addition to Oh (Occupational Health) providing support, depending upon the cost and type of provision(s) required an application to Access to Work may be necessary and may also be beneficial linking into additional resources.

‘Access to Work can help you get or stay in work if you have a physical or mental health condition or disability. The support you get will depend on your needs’.

**Eligibility**

As part of Access to Work, you may be eligible for:

* a grant to help pay for practical support with your work
* advice about managing your mental health at work

For these types of support, you must:

* have a physical or mental health condition or disability that means you need support to do your job or get to and from work
* be 16 or over
* be in paid work (or be about to start or return to paid work in the next 12 weeks)
* live and work (or be about to start or return to work) in England, Scotland or Wales - there’s a [different system in Northern Ireland](http://www.nidirect.gov.uk/index/information-and-services/people-with-disabilities/employment-support/work-schemes-and-programmes/access-to-work-practical-help-at-work.htm)

(<https://www.gov.uk/access-to-work> January 2022)