# Banner - Passport reasonable adjustmentPassport Reasonable adjustment

Reasonable Adjustments Passport form is a tool for employees and supervisors/managers to document any form of assistance or adjustment that is necessary, possible and reasonable to reduce or eliminate barriers at work for a person with an injury, illness or disability. This Passport should be read in conjunction with the Reasonable Adjustment Guide and Reasonable Adjustment Passport – Managers Guide.

## Instructions

Fields marked with \* are mandatory, and must be completed before signing or submission.

## Personal Details

|  |  |
| --- | --- |
| Family name \* | Given name \* |
| Group name\* | |

## Adjustment Details

Workplace impacts of injury, illness, medical condition or disability \*

*(Example* - *I find it difficult to navigate through stairways and heavy doors)*

Workplace adjustment requirements \*

*(Example* - *I have* access *to automatic doors and an elevator where possible, flexible working hours)*

A disability/medical condition that needs no action, but needs to be bought to the attention of manager\*

*(Example* - *epilepsy/diabetic/mental illness)*

Emergency arrangements \*

*(Example* - *I have an arrangement with the floor warden to access the elevator during building evacuation drills).*

Do you require a Personal Emergency Evacuate Plan?

Other Support?

Co-worker support \*

*(Example* - *buddy arrangement set up for me so I can be assisted in the case of building evacuation)*

Recommended adjustments \*

*(Identify below what has been recommended by a medical practitioner or workplace assessment or what you**currently use. For example, ergonomic chair, speech recognition software)*

|  |  |  |  |
| --- | --- | --- | --- |
| Detail Adjustments \* | Existing *I* New Requirement \* | Action Required \* | Comments \* |
|  |  |  |  |

Additional Comments

**Workplace Assessments**

List date of last ergonomic workplace assessment or Occupational Therapist assessment)

|  |  |
| --- | --- |
| Date of last assessment (if applicable) |  |
| Date of next review (if required). |  |

Who should be informed of these workplace adjustments \*

*(Example* - *my supervisor, case manager and/or the Floor Warden)*

**Signatures**

|  |  |
| --- | --- |
| Employee: |  |
| Manager: |  |

Reasonable adjustments that require action by HR should be requested via people@apsc.gov.au

Simple requests will be actioned within ten days.

The escalation point for reasonable adjustments is the Head of Corporate.