Employee Passport

* Complete for all employees who make a request for adjustments to their role
* All requests must be authorised by the relevant Line manager
* Please include any relevant evidence with this form
* Where possible send the completed form to the Service Centre using the Service Centre Portal (<http://servicecentre.ccc>)

**Passport Confidentiality Agreement**

The information provided in the Passport is confidential to the employee and their manager and should not be shared with any other party without consent of the employee.

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| **Name of employee:** |  | | |
| **Employee/payroll number:** |  | | |
| **Employee signature:** |  | **Date:** |  |
| **Name of manager:** |  | | |
| **Manager signature:** |  | **Date:** |  |
| **Team/unit:** |  | | |

**Review**

The information provided in the Passport will be reviewed on a minimum of an annual basis (can be reviewed more frequently if required). All reviews and subsequent revisions must be agreed by both the employee and their manager.

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| **Review Date** | **Managers Signature** | **Employees Signature** |
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**Section 1. Work Adaptions**

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| **Please use this space to give a brief description of your personal circumstances (e.g. your caring situation, religious requirements, time off requirements)** |
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| **Please use this space to describe the impact that your personal circumstances may have on you at work** |
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| **Please use this space to record any work adaptions that have been discussed and indicate if this has been agreed with your manager. If an adaption has not been agreed, your manager should provide information on the reason for rejection.:** | | | |
| **Suggested Adaption** | **Agreed? (please tick)** | **Reason, if not agreed** | **Date** |
|  | **Yes**  **No** |  |  |
|  | **Yes**  **No** |  |  |

NB: If an adaption of flexible working is agreed, the appropriate application for flexible working must also be completed. A copy of this application must be kept with the Passport.

**Section 2. Health and Wellbeing at Work**

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| **Please use this space to give a brief description of your health and wellbeing circumstances and, if appropriate, how long you have had a diagnosis or been in these circumstances. You should also include details of any patterns (stable, relapsing etc) and how this affects you (including side effects of medications).** |
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| **Please use this space to describe how your disability / health condition or other personal circumstances may affect you on a ‘good day’ or a ‘bad day’** |
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| **If you have a disability or health condition, please use this space to describe any symptoms which may indicate that you need help or are not well enough to remain at work and any signs that your condition is deterioirating. You should also include any first aid measures and support from colleagues as required:** |
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| **Please provide details on what should be done in the event of an emergency at work e.g details of a personal evacuation plan.** |
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| **Keeping in Contact**  **In accordance with CFRS’s Absence Management process an employee is required to contact their manager as soon as possible if they are unable to attend work due to ill health. Managers are required to keep in touch with their employees on a regular basis. A manager’s contact with their employee should be carried out in a sensitive and supporting manner. If it has been identified as a reasonable adjustment that you have a carer as a named advocate, to support you when communicating with your manager, they can be named below. The form below can be used to agree how often and with whom contact may be made.** | | | | | | | |
| **Who will your manager contact?**  **Myself  My Carer** | | | | | | | |
| **My Contact Details** | | **Phone** |  | | | **Email** |  |
| **Name of Carer** | |  | | | | | |
| **Relationship of Carer** | |  | | | | | |
| **Phone Number** |  | | | **Email** |  | | |

NB Emergency contacts and personal contact details must be kept up to date on iTrent.

**Section 3. Reasonable Adjustments (as defined by the Equality Act 2010)**

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| **Formal Assessments - Please use this space to tell us about any assessments by a trained specialist, specific to your disability / health condition or personal circumstances (e.g. Occupational Health Service / consultant) and dates completed:** |
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| **Please use this space to record any reasonable adjustments that have been discussed and indicate if the adjustment has been agreed with your line manager. If an adjustment has not been agreed, your manager should provide information on the reason for rejection.:** | | | |
| **Suggested Reasonable Adjustment** | **Agreed? (please tick)** | **Reason, if not agreed** | **Date** |
|  | **Yes**  **No** |  |  |
|  | **Yes**  **No** |  |  |

NB: If a reasonable adjustment of flexible working is agreed, the appropriate application for flexible working must also be completed. A copy of this application must be kept with the Passport.

Should a Personal Emergency Evacuation Plan (PEEP) be required then guidance and advice can be sought from the Health and Safety Team [healthandsafety@cumbriafire.gov.uk](mailto:healthandsafety@cumbriafire.gov.uk)