



# Reasonable Adjustments review meeting

Name of colleague:	Name of person conducting meeting:
Name of colleague's representative:	Name of note taker:
Colleague's job title:	Date of meeting:

*"This welfare meeting is to discuss your ongoing health condition(s) to ensure that as your line manager I am supporting you in the best possible way and taking reasonable steps to remove workplace barriers to enable you to effectively complete the tasks within your role. We will also be reviewing any adjustments currently in place and whether they are still required and fit for purpose, as well as exploring if you need any additional support or adjustments"*

## Current Health Condition(s)

- Discuss and document the colleagues' current medical/health condition(s) that may have an impact on their work life and explore how long the colleague has lived with this condition(s)
- Establish what, if any, external support they are receiving for their condition(s), for example GP/specialist appointments
- Do they take medication for their condition(s) and if so -
  - Is this medication temporary or permanent? If temporary, how long are they taking it for?
  - Is it prescribed by an NHS GP?
  - Do they experience any side effects that you may need to be aware of from a workplace perspective?





### **Current and potential adjustments to the colleagues' role**

- Discuss and document workplace adjustments you have already put in place to support the colleague. Are they permanent or temporary? If temporary, how long are they in place for?
- Does the colleague believe these adjustments are still required or do they need to be amended in any way?
- Does the colleague feel that any other adjustments need to be considered to overcome barriers to enable them to do their job effectively?

### **Impact the condition(s) has on the colleagues' job role**

- What tasks does the colleague complete during their shift?
- Does the colleague feel they need assistance or any adjustments to any of these?
- Are there any tasks where additional support or assistance is required for the colleague to be able to complete them? For example, does the colleague need extra time?
- Are there any tasks within the colleagues' role profile that they do not or cannot complete? If so, what are the reasons for that? For example, the colleague has not been trained to complete them, or a medical condition impacts their ability to complete the task

If upon review if it is felt further support regarding the colleagues' medical condition(s) would be beneficial in helping the Society better support them within their role, it may be necessary to refer the colleague to Occupational Health. Would they be happy for us to do this? This would enable the Society to gain further details regarding their medical condition(s) and what, if any, further adjustments may be beneficial to support them within the workplace

Yes /  No

If the colleague declines, what is the reason that they are not prepared for the Society to gain this information?

**Are the correct contact details held on IFS for the colleague?**

Together with the colleague (if needed), please review the colleagues' contact details (email address and phone number) held on IFS to ensure they are accurate. If not, please update these where appropriate.

**Does the colleague have any questions?**

Agreed primary reasonable adjustment
Is the adjustment permanent or temporary
Agree with the colleague how often the above information should be reviewed and document the date of the next review

Colleague signature:	Line Manager signature:
----------------------	-------------------------

Date of next review:
----------------------

**For Managers** - following this meeting, please send the completed document to [HR.Advice@midcounties.coop](mailto:HR.Advice@midcounties.coop)