DISABILITY DISCRIMINATION
REASONABLE ADJUSTMENTS

1 Please specify whether or not the Respondent considered any reasonable adjustments in relation to accommodating me in my employment providing, in particular, details of:

(i) The consideration given by the Respondent to making reasonable adjustments in the course of my employment;

(ii) Contact with outside agencies, such as Royal National Institute of the Blind or Employer’s Forum on Disability;

(iii) What adjustments, if any, were in fact considered;

(iv) The identities of the individuals involved in this process;

(v) The date(s) upon which the consultation/ consideration took place;

(vi) The outcome of any consultation/ consideration in relation to this.

2 What, if any, consideration was given to allocating some of my duties to another person?

3 What, if any, consideration was given to transferring me to fill an existing vacancy?

4 What, if any, consideration was given to altering my working hours?

5 What, if any, consideration was given to allowing me to be absent during working hours for rehabilitation, assessment or treatment?

6 Please provide details of all steps taken by the Respondent to implement the Code of Practice for the elimination of
discrimination in the field of employment against disabled persons or persons who have had a disability.

**DOCUMENTS**

Please forward copies of the following documents with your replies to this questionnaire:

a) All minutes, notes, correspondence and/or documentation relating to all meetings and/or communications relevant to my employment and the performance of my duties;

b) All minutes of any meetings at which decisions were made or discussed as regards any reasonable adjustment to facilitate me in my employment;

c) All notes, correspondence and/or documentation to and from outside agencies, such as Royal National Institute of the Blind or Employer’s Forum on Disability;

d) All minutes, notes, correspondence and/or documentation relating to my return to work.