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# Disability declaration and consent form (staff)

## Please use this form to declare that you have a disability.

The Equality Act 2010 defines a disability as a physical or mental impairment, which has a ‘substantial’ and ‘long-term’ adverse effect on a person’s ability to carry out normal day-to-day activities.

My disability falls within the following category:

Hearing impairment [ ]

Mental health [ ]

Specific learning difference/difficulty eg dyslexia [ ]

Autism Spectrum Condition (ASC) [ ]

Long term medical condition [ ]

ADHD [ ]

Physical [ ]

Two or more [ ]

Other [ ]

Do not wish to disclose [ ]

I would like my manager to refer me to the University’s [Occupational Health Service](https://staff.londonmet.ac.uk/employment-support/health-and-wellbeing/occupational-health-service/) who will recommend any reasonable adjustments to me and the University and I give my consent to this form being shared with my line manager and the University’s Occupational Health Service to allow this to happen. [ ]  **Yes** [ ]  **No**

I agree that the University may record this disability declaration on my HR record and may use this information as part of its anonymous statistical reporting (Further information on how we process data is set out in our [Data Privacy statement for staff](https://staff.londonmet.ac.uk/employment-support/data-privacy-statements/)). [ ]  **Yes** [ ]  **No**

|  |  |
| --- | --- |
| Name: (Please print) |  |
| School / Department |  |
| Work e-mail  |  |
| Contact telephone number |  |
| Preferred method of contact |  |
| Signature |  |
| Date |  |

If you would like to share additional information, please also use the optional section(s) below.

Please send this part to your line manager and to HR@londonmet.ac.uk

Please also send any optional sections you wish to complete (below) to your line manager who will arrange for further sharing where you have given consent.

## Optional additional information to be shared

Section 1: Information I would like to share with my line manager and the Occupational Health (OH) service

Use this section to tell the OH service and your line manager about any proposed adjustments to your duties, equipment or work conditions, that you feel would assist you.

|  |  |
| --- | --- |
| Proposed adjustment | How this will help you in your role |
|  |  |
|  |  |
|  |  |
|  |  |

I would like to share the above additional information in this section with my line manager and the Occupational Health Service, as indicated above

 [ ]  **Yes** [ ]  **No**

|  |  |
| --- | --- |
| Name: (please print) |  |
| School / Department |  |
| Work e-mail  |  |
| Contact telephone no. |  |
| Preferred method of contact |  |
| Signature |  |
| Date |  |

## Optional additional information to be shared

Section 2: Information I would like to share with my line manager, the OH Service and Library Services.

Use this section to tell your line manager, the OH service and Library Services about any proposed adjustments to library services, that you feel would assist you.

|  |  |
| --- | --- |
| Proposed adjustment | How this will help you in your role |
| Extended loan periods |  |
| Book fetching |  |
| Not waiting in a queue |  |
| Other |  |

I would like to share the above additional information with my line manager, the OH service and Library Services [ ]  **Yes** [ ]  **No**.

|  |  |
| --- | --- |
| Name: (please print) |  |
| School / Department |  |
| Work e-mail  |  |
| Contact telephone no. |  |
| Preferred method of contact |  |
| Signature |  |
| Date |  |

## Optional additional information to be shared

Section 3: Information I would like to share with my line manager and other University services.

Use this section to tell us about any information you would like us to share with your line manager and other services, that you feel would assist you.

**\* Please use a separate form for each service.**

I would like to share this section with the following University Service(s):

|  |  |
| --- | --- |
| ¨ | Health and Safety Office |
| ¨ | Estates (Building Operations & Maintenance Services) |
| ¨ | Front of house/ building reception staff |
| ¨ | Other service – please specify |

Do you think you need a Personal Emergency Evacuation Plan (PEEP)?

 [ ]  **Yes** [ ]  **No**

|  |  |
| --- | --- |
| Proposed adjustment | How this will help you in your role |
|  |  |
|  |  |

I would like to share the above additional information in this section with my line manager and the University’s services as indicated above [ ]  **Yes** [ ]  **No**.

|  |  |
| --- | --- |
| Name: (please print) |  |
| School / Department |  |
| Work e-mail  |  |
| Preferred method of contact |  |
| Contact telephone no. |  |
| Signature |  |
| Date |  |