A blue and white logo

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**Health and Wellbeing Passport**

A black silhouette of a person

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**What is a Health and Wellbeing Passport?**

The passport is a place where you can choose to share information about yourself which may have an impact on your work life, and what help you may need to be considered to allow you to function to your maximum capacity in a supportive environment without prejudice or discrimination.

The passport can be used, where relevant, to seek additional support at work that will maintain or enhance your wellbeing. For example, you may have a disability, health condition, caring responsibilities, be considering or undergoing gender reassignment or observe religious festivals or celebrations such as Ramadan or daily prayers.

The information you provide is confidential to you and your Line Manager. Please be aware that your Line Manager may have to seek advice from People & Culture where formal reasonable adjustments are required, but will only do so with your consent. [Guidance](https://pkc.sharepoint.com/:w:/r/sites/EDMS_HRCommunitySite/Shared%20Documents/Health%20and%20Wellbeing/Campaigns/Health%20and%20Wellbeing%20Plan/Personal%20Wellbeing%20Action%20Plans/PKC%20Health%20%26%20Wellbeing%20Passport/Manual%20process/passport%20guidance%20to%20complete%20manual%20form.docx?d=wf21b50b7b4fb4791a3512b110da4a30b&csf=1&web=1&e=vY0DLo) is available to help you complete your passport.

1. **About You**

|  |  |
| --- | --- |
| Name: |  |
| Current Post: |  |
| Employee Number: |  |

1. **My Personal Circumstances**

|  |
| --- |
| Please use this space to give a brief description, of your personal circumstances, (eg your disability, health condition or pending diagnosis, caring responsibilities, religious beliefs etc). |
|  |

1. **My Wellbeing at Work**

|  |  |
| --- | --- |
| Please describe the impact your personal circumstances may have on you whilst at work. | |
| On a Good Day | On a Bad Day |
|  |  |

1. **What would help? NB: where a discussion highlights the requirement for formal reasonable adjustments, for example, if you have a disability that requires specialist equipment, this should be discussed separately and may require involvement from an HR Officer from People and Culture.**

|  |
| --- |
| Please use this space to suggest what, relevant to your condition and/or particular situation, would make work life easier for you. For example, keeping your phone on your desk at times you might receive a call that needs your immediate attention; moving desks; use of earphones/defenders; etc. |
|  |

1. **Sharing of my information**

|  |
| --- |
| I agree to the following information regarding my circumstances can be shared with: (eg my team members, People & Culture): |
|  |
| The information can be shared by: (My Line Manager or another colleague) |
|  |
| I do not want my information shared with: |
|  |

1. **Contact Information**

In the event that I am not well enough to be at work, or where an emergency situation arises, the following people can be contacted:

**Emergency Contacts – (Note this information should be kept up to date on MyView)**

|  |  |
| --- | --- |
| Name |  |
| Relationship |  |
| Contact Telephone Number |  |

|  |  |
| --- | --- |
| Name |  |
| Relationship |  |
| Contact Telephone Number |  |

**Review Date and Signature**

I agree, in completing this passport, I will be responsible for it’s safekeeping and a copy will be held confidentially with my Line Manager, for review annually or when a change to my circumstances occur.

My Signature: ………………………………………… Date: …………………

Line Manager’s Signature: ……………………………………………… Date: …………………

Annual Review Date: ………………………………………………………