Staff Disability Disclosure Form



Title:

Name:

Email Address:

Contact Telephone Number:

**Disclosure Consent**

The Equality Act (2010) states that all employers (including the University) are legally obliged to make reasonable adjustments to meet the needs of all disabled staff. The University encourages disabled staff to disclose their disability to enable the provision of reasonable adjustments to meet their individual work-related needs. Data provided is recorded and processed in accordance with the Data Protection Act 1998. This means that information will only be shared with written consent unless there is significant risk to the individual or to someone else, or where the University is required to do so by law.

If you have a disability, we now ask your consent to share your agreed support and other disability-related needs with those members of University staff who are best placed to assist you and to make the appropriate adjustments required under the Equality Act. These members of staff may include Occupational Health, your Line Manager, other colleagues and Disability Services.

If you choose not to give your consent, this may mean that a less satisfactory or no reasonable adjustment can be made to meet your support needs. Please note that you may withdraw your consent at any time by contacting Human Resources.

I agree that my employment support and other disability-related needs can be disclosed to appropriate members of Dundee University staff to enable the provision of reasonable adjustments.

**Signature:** **Date:**

I do **not** agree that my employment support and other disability-related needs can be disclosed to appropriate members of Dundee University staff. I accept that, by withholding my consent, it may not be possible for reasonable adjustments to be made to meet my disability-related needs.

**Signature:** **Date:**

**Signature of staff member to whom disclosure was made:** **Date:**

With your consent (as provided on this Disability Disclosure Form), information relating to your disability will be placed on your personnel file and the data will be recorded in the HR database and used for statistics, including the HESA return. This will also be used to put an annual disability review date in the system to allow Human Resources to contact you in confidence to discuss any additional requirements you may have on an annual basis.

Please identify the nature of your disability from the following list:

Specific Learning Disability (such as dyslexia or dyspraxia)

General learning disability (such as Down's syndrome)

Cognitive impairment (such as autistic spectrum disorder or resulting from a head injury)

Long standing illness or health condition (such as cancer, HIV, diabetes, chronic heart disease or

epilepsy)

Mental health condition (such as depression or schizophrenia)

Physical impairment or mobility issues (such as difficulty using arms or require use of wheelchair or

crutches)

Deaf or serious hearing impairment

Blind or serious visual impairment

Other type of disability

If you have multiple disabilities, or if you have selected

**OTHER TYPE OF DISABILITY**

, please provide

some additional information about your disability(ies). You can also use this section to provide us with any

additional / relevant information:



|  |  |
| --- | --- |
| **Disclosure made to:**    Disability Services  Human Resources  Occupational Health  Line Manager | **Permission granted to disclose to:**    Disability Services  Human Resources  Occupational Health  Line Manager  Colleagues as necessary |

Disability Disclosure Form – Staff