**NHS Greater Glasgow & Clyde**

**Reasonable Adjustment Review Form**

Employees should complete all sections before forwarding to your next in line manager within 4 weeks of receiving written confirmation that your reasonable adjustment cannot be supported.

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| **Section A – Employee Details** |
| Forename |  |
| Surname |  |
| Job Title  |  |
| Department/Location |  |
| Sector/ Service | Choose an item. |
| Home Address |  |
| Contact Number/ Email |  |
| Date Reasonable Adjustments Discussed  | Click here to enter a date. |
| Date Reasonable Adjustment Application Declined | Click here to enter a date. |
| Name and contact details of the Manager who declined  |  |
| Details of who next in line manager is i.e. Service Manager/Lead Nurse |  |
| Name and details of HR Representative (if any):  |  |

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| **Section B – Reasons for Appeal** |

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| I wish to request a review against the decision that Reasonable Adjustments cannot be supported on the following grounds:(Please continue on separate sheet if necessary)  |

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| **Section C – Impact** |
| Please detail the impact of not having the reasonable adjustment implemented. |

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| **Section D – Supporting Documents** |
| Additional information including medical/occupational health information.  |

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| **Section E – Employee Declaration** |
| I wish to request a review against the decision that Reasonable Adjustments cannot be supported adjustments based on the information provided on this form.Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date Click here to enter a date. |

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| **For Office Use Only** |
| Date Received by next in line manager | Click here to enter a date. |
| Date Received by HRSAU | Click here to enter a date. |
| Date of Appeal Hearing (within 4 weeks of receipt) | Click here to enter a date. |