**About this form**

UCD is committed to providing an accessible and welcoming working environment for all our employees. By completing this form we wish to make it easier for employees to access supports they may need. More detailed information on this process and the supports available to employees is in the Employee Guide to Disability and Reasonable Accommodations which can be found at [www.ucd.ie/equality/support/disability/](http://www.ucd.ie/equality/support/disability/).

This form is divided into four sections. **Sections 1-3** of this form are designed for completion by any employee that wishes to request a reasonable accommodation related to either a pre-existing or acquired disability.

**Section 4** of this form is to be completed periodically by managers with the employee.

You are asked to provide three pieces of information:

* **Section 1:** Confirmation that you are disclosing your disability and would like to request a needs assessment.
* **Section 2:** Nature of your disability.
* **Section 3:** Identification of those individuals or units with whom this information can be shared. The relevant information on this form will **only** be released to those individuals responsible for the provision of accommodations with your consent.
* **Section 4:** Record and Review Reasonable Accommodations Section 4 to be completed by your manager with you periodically.

**Confidentiality**

Under the Employment Equality Act, 1998 – 2015 the information provided on this form will be kept confidential and will not be used to discriminate against you in any way. The relevant information on this form will **only** be released to those individuals responsible for the provision of accommodations with your consent.

Please note that this is a voluntary disclosure and it is not required of any employee to divulge specific personal information about a disability.

**What is the purpose of providing this information?**

**This personal data is collected ONLY for the purpose of the provision of the required supports and reasonable accommodations and for no other purpose.**

Upon completion of Section 1-3, your manager will then forward this form on to the Equality, Diversity and Inclusion Unit to commence the process of organising a needs assessment.

**Section 1: Disclosing a Disability and Requesting a Needs Assessment**

In order to provide equal access and opportunities to employees with disabilities, UCD recognises that some employees with disabilities may require reasonable accommodations and we are committed to providing these. A workplace needs assessment is required to help identify the most effective reasonable accommodation that should be put in place. Your manager is normally the first person to contact if you wish to request a needs assessment. However, if you wish to find out further information in confidence before disclosing that you have a disability to your manager and requesting a needs assessment, you can contact the Equality, Diversity and Inclusion (EDI) Unit on edi@ucd.ie. **Once you have completed this form with your manager, they will email the completed form to the EDI Unit, copying you and the HR Partner. The EDI Unit will confirm receipt of the form.**

Please confirm by ticking the box below indicating that you have a disability and would like to request a needs assessment.

**[ ] I am disclosing that I have a disability and would like to request a workplace needs assessment in order for a reasonable accommodation to be put in place.**

**Your Information – Please Complete Below**

Name:

Personnel Number:

Email:

Phone Number:

**Section 2: Nature of Disability**

In this section we ask you to provide some further details, including the nature of your disability. This information will only be shared with UCD’s Occupational Health Physician (or an Occupational Therapist/Specialist appointed by the University).

**Please read the following list and tick the boxes that you feel may apply to you:**

[ ] Specific learning disability (such as dyslexia or dyspraxia)

[ ] Intellectual disability (such as Down Syndrome)

[ ] Cognitive impairment (such as acquired brain injury)

[ ] Developmental Disability (such as autism spectrum disorder)

[ ] Long standing illness or health condition (such as cancer, HIV, diabetes, heart disease, or epilepsy).

[ ] Mental health condition (such as depression or schizophrenia).

[ ] Physical impairment or mobility issues (such as difficulty using arms, using a wheelchair or illnesses affecting mobility such as Parkinson’s Disease).

[ ] Deaf / hearing impairment.

[ ] Blind / visual impairment.

[ ] Other type of disability.

If you selected ‘Other type of disability’, please tell us more here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Confirmation of Disclosure**

I understand that all information obtained during the process of my Disclosure will be maintained and used in accordance with Data Protection Legislation and University policy.

I further understand that I may be required to provide appropriate documentation relating to my disability from a specialist medical practitioner when attending the University’s Occupational Health Physician for the workplace needs assessment.

**Full Name (Block Capitals): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Section 3: Consent to Release Information**

UCD will ensure that the information regarding recommendations from the Occupational Health report will only be used to facilitate the provision of the required supports and reasonable accommodations. In order to provide these supports, it may be necessary to disclose this information to nominated individual(s).

Please select ‘**consent to share’** or ‘**do not consent to share’** as outlined below. Please note that a refusal to share this information with certain individuals/groups may result in it not being possible to fully meet your individual needs and reasonable accommodations. This will be discussed with you in advance. You can however update this information in future should you wish to add or remove consent for any individual or group.

|  |
| --- |
| **Consent to Share** |
|

|  |  |  |  |
| --- | --- | --- | --- |
| **Role** | **Name(s)** **(for groups there is no need to list full names)** | **I consent to my information being shared with this individual/ group** | **I do not consent to my information being shared with this individual/ group** |
| *Sample: Head of Engineering* | *Jane Smith* | *x* |  |
| Head of School/Unit |  |  |  |
| HR Partner  |  |  |  |
| UCD Health and Safety (this may be necessary depending on the reasonable accommodation request.) |  |  |  |
| My Team Members |  |  |  |
| Any college employee |  |  |  |
| Other (Please list) |  |  |  |

 |

I agree that the recommendations for the Occupational Health report can be shared with the individuals listed whom I have confirmed ‘**consent for my information to be shared**’ with.

I understand that if I **refuse** consent, a record of my disability will be kept by the Equality, Diversity and Inclusion Unit but will not be shared. I **accept** this may mean it is not possible to fully meet my individual needs and any reasonable accommodations.

**Name of Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Once you have completed this form with your manager, they will email the completed form to the EDI Unit, copying you and the HR Partner. The EDI Unit will confirm receipt of the form**.** If you wish to find out further information in confidence before disclosing that you have a disability to your manager and requesting a needs assessment, you can contact the Equality, Diversity and Inclusion (EDI) Unit on edi@ucd.ie.

**Section 4: Manager: Record and Review of Reasonable Accommodations**

Reasonable Accommodations put in place should be reviewed on a regular basis by the manager with the support of the HR Partner if required to ensure that they are working satisfactorily. These would occur typically after 2 weeks, 6 weeks, 3 months and then every 6-12 months.

| **Accommodation Item** | **Implemented**  | **Owner** | **Review Date** | **Notes** |
| --- | --- | --- | --- | --- |
| *e.g. Jaws Screen Reader software to be installed* | *e.g. 20/03/13* | *e.g. IT – Sean Byrne* | *e.g. 20/03/14* | *e.g. Sarah confirmed technology is still working and no updates currently required* |
| 2 weeks |  |  |  |  |
| 6 weeks |  |  |  |  |
| 3 months |  |  |  |  |
| 6 months |  |  |  |  |
| Annually |  |  |  |  |
| Annually |  |  |  |  |
| Annually |  |  |  |  |
| Annually |  |  |  |  |
| Annually |  |  |  |  |
| Annually |  |  |  |  |
| Annually |  |  |  |  |
| Annually |  |  |  |  |
| Annually cont. |  |  |  |  |