

## Inclusion Scotland's

### In Work Support template

This document can aid the discussion of barriers in work. This is best completed by the individual prior to a meeting with a line manager and/or HR. Not all the questions have to be answered or explored in more detail. It depends on what the individual is comfortable with.

Name	Date
<p><b>Summary of in-work barriers you may experience</b></p> <p>Provide a brief outline of the challenges you may experience in work such as usual working hours, the office environment, communication, equipment etc. You can provide more detail in the other sections listed below.</p>	
<p><b>On days when my condition or impairment has an increased impact this means...</b></p>	

**Summary of current adjustments or previous workplace adjustments (Equipment, Environment, Hours, Workload)**

A broad outline of what adjustments you have had in the past.

**Travelling to work/ travelling for work (e.g. using public transport, taxis, flexible working hours to avoid rush hour)**

**Barriers:**

**Possible support:**

**Moving around the building or different work sites (e.g. use of stairs, lifts, desk placement and office space)**

**Barriers:**

**Possible support:**

**Evacuating the building in an emergency (is a Personal Emergency Evacuation Plan (PEEP) needed?)**

There is [Scottish Government guidance to duty holders](#) (including employers) on how to create a Personal Emergency Evacuation Plan. Each building must have an emergency fire action plan specifying the evacuation procedures for everyone, including disabled people, likely to be in the building.

**Barriers:**

**Possible support:**

**Work station (consider desk, chair, lighting set up)**

**Barriers:**

**Possible support:**

**Communicating with people (one to one, in meetings/ social situations/ via telephone or video)**

**Barriers:**

**Possible support:**

**Communicating in writing****Barriers:****Possible support:****Hypersensitivity to sensory stimuli such as noise, light, smells****Barriers:****Possible support:****Using a computer or printers/ photocopiers****Barriers:****Possible support:****Mental wellbeing in work****Barriers:****Possible support:**

**Any other barriers not covered? (e.g. concentration, time of year affecting mental health, situations affecting access to transport such as weather)**

**Barriers:**

**Possible support:**

**Date of review:**

We recommend that it is reviewed at regular intervals (e.g. every 6 months, or sooner if there is a change to the role, the work place environment or condition or impairment or at the individual's request) to check that the information is still relevant, and the reasonable adjustments are effective.