**Disability Leave Application Form**

**(Confidential Once Completed)**

**Last updated: September 2019 (brand updates)**

Disability leave provision is for when a disabled person needs to be absent from work for ‘rehabilitation, assessment or treatment’, for a fixed period of time and is recorded separately to other types of leave. Further information relating to disability leave is contained under the wider Sickness Absence Management Policy and employees are encouraged to review this before making the request.

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| Disability Leave Request (to be completed by the employee) | |
| Employee Number: |  |
| Declaration | |
| [Image result for tick box](https://www.google.co.uk/imgres?imgurl=https://image.freepik.com/free-icon/check-box-empty-rounded-square_318-41751.png&imgrefurl=http://www.freepik.com/free-photos-vectors/checkbox&h=626&w=626&tbnid=WVi3CsSTihmh2M:&docid=t9HD524P8nfpTM&ei=B-2gVtDoHImRUdK3kbgB&tbm=isch&ved=0ahUKEwiQiJ3GkLvKAhWJSBQKHdJbBBcQMwgzKAEwAQ)  I confirm I consider myself to be disabled\*  (The Equality Act of 2010 defines disability as: “*a physical or mental impairment with long term, substantial adverse effects on ability to perform day to day activities*”)  [Image result for tick box](https://www.google.co.uk/imgres?imgurl=https://image.freepik.com/free-icon/check-box-empty-rounded-square_318-41751.png&imgrefurl=http://www.freepik.com/free-photos-vectors/checkbox&h=626&w=626&tbnid=WVi3CsSTihmh2M:&docid=t9HD524P8nfpTM&ei=B-2gVtDoHImRUdK3kbgB&tbm=isch&ved=0ahUKEwiQiJ3GkLvKAhWJSBQKHdJbBBcQMwgzKAEwAQ)I have updated my details on the Equality Monitoring tab on [MyView](https://www.nottingham.ac.uk/hr/services/myview.aspx). For more information on what it means to disclose my disability to HR please click [here](http://www.nottingham.ac.uk/hr/equality-diversity/equality-diversity.aspx).  Note: If you are unable to update your details on MyView, please contact HR at: [hr@nottingham.ac.uk](mailto:hr@nottingham.ac.uk).  [Image result for tick box](https://www.google.co.uk/imgres?imgurl=https://image.freepik.com/free-icon/check-box-empty-rounded-square_318-41751.png&imgrefurl=http://www.freepik.com/free-photos-vectors/checkbox&h=626&w=626&tbnid=WVi3CsSTihmh2M:&docid=t9HD524P8nfpTM&ei=B-2gVtDoHImRUdK3kbgB&tbm=isch&ved=0ahUKEwiQiJ3GkLvKAhWJSBQKHdJbBBcQMwgzKAEwAQ)I have discussed (or will discuss) with my line manager the nature of my impairment/disabling illness insofar as it may impact on my employment.  *Visit the Disability Page to learn more about disability inclusion and support by clicking* [*here*](http://www.nottingham.ac.uk/hr/guidesandsupport/equalityanddiversitypolicies/index.aspx)*.* | |

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| **Information relating to the Disability Leave** | |
| Type of appointment |  |
| Likely number of appointments |  |
| Time anticipated to be away from work on each occasion |  |
| Likely start and end dates |  |
| Any other relevant information |  |

\* Your declared disability will be treated as sensitive personal data and will be recorded on your electronic HR file. Disability leave taken will be recorded centrally within HR. This is solely for anonymised monitoring and reporting purposes, such as ensuring appropriate provision of services for disabled staff. The sharing and storage of information is in-line with the University’s data protection principles.

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| Employee declaration and signature | |
| * I declare the information I have provided is accurate * I acknowledge this request is subject to agreement by my manager | |
| **Employee’s signature:** |  |
| **Date:** |  |

**Additional management guidelines:**

* Please forward this form confidentially to the HR Department (email: [hr@nottingham.ac.uk](mailto:hr@nottingham.ac.uk)) - please do so for all forms.
* Please note that Equality Monitoring Forms should be sent directly by employees to [hr@nottingham.ac.uk](mailto:hr@nottingham.ac.uk) in order to maintain confidentiality.
* A copy of the form may be stored confidentially as sensitive personal data.
* Regular revisiting of disability leave arrangement(s) is encouraged to review the disability leave impact and to provide on-going support to the employee.

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| Manager’s non-confirmation and signature | |
| I have not agreed to the Disability Leave having discussed this with the HR Employment Relations Team and have acknowledged this with the employee | |
| **Manager’s signature:** |  |
| **Date:** |  |

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| Manager’s confirmation and signature | |
| I have agreed to the Disability Leave and have acknowledged this with the employee | |
| **Manager’s signature:** |  |
| **Date:** |  |