



Australia's
Global
University

HR12 Reasonable Adjustment Employee Application Form

(HR.V1.0 - 7.05.18)

Name:		Employee No.:	
Position Title:		HoS/Manager:	
School/Work Unit:			
Faculty/Division:			
List below relevant injury, illness, disability or medical condition/s:	Year of diagnosis:	Treating Specialist:	
1.			
2.			
3.			
4.			
How are the above conditions impacting on your ability to perform your job and what potential solutions do you seek?			

DECLARATION AND SIGNATURES

I have read and agree with the [Reasonable Adjustment Guidelines](#) and have discussed the details of this application with my HoS/Manager. I certify that to the best of my knowledge, the information provided in this form is true and discloses a complete and accurate picture.

Certificate from relevant doctor/health professional stating your condition(s) and why you require the adjustment, is attached.

Signature of Employee: _____ **Date:** _____

Signature of HoS/Manager: _____ **Date:** _____

Submit your form and attached documents to workplace.diversity@unsw.edu.au.