

**Employee Needs Assessment**

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| Date of Assessment |  |
| Employee name |  |
| Job role |  |
| Department |  |
| Line Manager name |  |
| Person conducting the Needs Assessment |  |

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| Details of any disability/ neurodivergence/ menopause/ andropause or other condition that may cause barriers for the employee |  |
| Any advice or guidance provided by professional bodies e.g. GP, Occupational Health, Access to Work etc |  |

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| **Identify workplace barriers or areas where support is needed, including any areas where support needs may change during the course of the employee’s day-to-day role** | **Adjustment to put in place** | **Person responsible for implementing the adjustment** | **Review date (typically 6 months)** |
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| Signed by employee |  |
| Signed by line manager |  |
| Signed by person conducting the needs assessment |  |