**EDINBURGH NAPIER UNIVERSITY**

**HUMAN RESOURCES**

**Notification of Disability**

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| **Name:** |  | **Employee Number:** |  |
| **School/Service:** |  | **Post Title** |  |
| Do you consider yourself to have a disability? ❑ Yes ❑ No If yes please tick the relevant box | | | |
| We use the Equality Act 2010 definition, which is **“***physical or mental impairment which has a substantial and long-term adverse effect on a person’s ability to carry out normal day-to-day activities”* | | | |
| ❑ Dyslexia  ❑ Hearing Impairment  ❑ Blind/Partially Sighted/Visually Impaired  ❑ Wheelchair User/Mobility Difficulties  ❑ Mental Health Difficulties (Please specify below)  ❑ Hidden Disability such as Epilepsy or Diabetes (Please Specify below)  ❑ Multiple Disabilities (Please Specify Below)  ❑ Learning Difficulties (Please Specify Below)  ❑ Personal Care Support  ❑ Disability not Listed (Please Specify Below  Additional Information: | | | |

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| **Human Resources Use Only** | |
| **Input on iTrent**  ❑ Yes Date: | **Payroll Notified**  ❑ Yes Date: |
| **Referral to OH:**  Required: ❑ Yes ❑ No  Completed by HR ❑ Yes Date: | |