**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 BelowAdditional 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: |