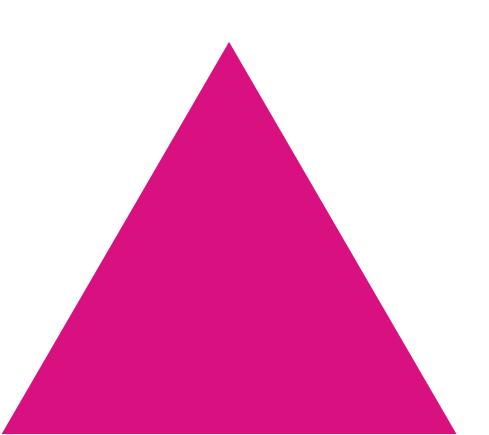


Carers Passport for staff

May 2021



| Section 1: Date of Review | | | | | |
|---|--|--|--|--|--|
| | | | | | |
| | | | | | |
| Name: | Name of manager: | | | | |
| Job role: | | | | | |
| | | | | | |
| Section 2: Caring responsibilities and work | | | | | |
| This section should include: | | | | | |
| , | | | | | |
| a summary of your caring responsit the impact this has on your working | g life and the impact work has on your | | | | |
| caring responsibilities | g ne and the impact work has on your | | | | |
| | Ip your manager understand the impact | | | | |
| your caring responsibilities have on | you and your work | | | | |
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Section 3: Potential options

Detail flexibilities specific to your current job which would help you combine caring and work. These are intended to inform your discussion with your manager.

Section 4: Getting support

What support would you need to implement the options listed in section 3. These are intended to inform your discussion with your manager.



| Section 5: | Agreed | actions |
|------------|--------|---------|
|------------|--------|---------|

Set out agreed actions with dates for implementation.

| Action agreed | Date of imp | olementation | Date to review action | | |
|--|-------------|---------------|-----------------------|--|--|
| | | | | | |
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| Section 6: Any other actions/support agreed at the meeting | | | | | |
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| | | | | | |
| I consent to my manager keeping a copy of this passport. | | | | | |
| Employee signature: | | Date: | | | |
| Manager name (Please prin | t): | Manager Title | 2: | | |
| Manager signature: | | Date: | | | |
| Date of next review: | | | | | |
| | | | | | |

