



**Liverpool Women's**  
NHS Foundation Trust

## **Reasonable Adjustments Plan (RAP)**

Written confirmation and agreement of Reasonable Adjustments to be implemented.

### Personal Details

Name

Department/Division

Job/Position

Condition that requires Reasonable Adjustment

Adjustments Agreed (please list)

Date Agreed

(DD/MM/YYYY)

Line Manager Approved (name)

Cost Associated with Reasonable Adjustment

(Highlight or Circle the option that best applies to you)

Yes

No

#### Fully Funded by Department

Yes

No

Not Applicable (no cost)

#### Access to Work Application

Yes Pending

Yes Approved

Not Applicable (not needed)

#### Adjustments Implemented

Yes

Pending in Department

Pending Access to Work

Other:

#### Date Implemented

(DD/MM/YYYY)

#### Additional Information