Please complete the highlighted areas as required. The space will expand as you complete it. You must complete all sections of this form if you have mitigating circumstances which you would like to be taken into account.

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| **Name:** |
| **School:** |
| **Employment Contract**Full Time/Part time FTE [ ] if Part-time, please specify FTE:Teaching & Research [ ] Teaching & Scholarship [ ] Research Only [ ] Other staff categories e.g. ALC, Clerical etc. |
| **Reason for Submission of Form**Academic Probation/Confirmation of appointment [ ] Promotion/Annual Review [ ] Other [ ] If ‘Other’, please specify: |
| **Details of mitigating/extenuating circumstances that have affected the volume of activity.****(please provide as much detail as possible):** *Please note that the temporary nature of mitigating circumstances means that on-going or longer term conditions are likely to give rise to valid mitigating circumstances claims* ***only*** *when they first come to light, or are diagnosed, or on occasions when they become unexpectedly or markedly worse and will take account of any reasonable adjustments that would ameliorate the impact or disadvantage*  |
| **Please explain how you feel these circumstances have impacted on your work or a particular area of your work:**  |
| **Please state dates when these circumstances commenced and ended or whether they are ongoing:** *If there has been a recent diagnosis, or any change to an on-going or longer term condition these dates should be provided and supported by appropriate documentary evidence (for example a report from a medical specialist or OH).* |
| **Please provide dates of any absence over the affected period** *A record of your certified absences for the period noted in the previous section should be provided. (If you wish this be provided by HR please contact your HR Officer).* *If there are additional absences that you feel should be considered please provide details of these.* |
| **Please attach to this form any evidence, or other relevant documentation to support your request:**  |

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| **Declaration**In completing this form I confirm that:* The information provided is a true, accurate and verifiable description of my circumstances.
* I understand that by disclosing information on this form I am making the University, as my employer, aware of my personal circumstances and that, given the University has a duty of care to all staff under the relevant legislation, it will offer reasonable adjustments and support as appropriate.
 |
| **Signature:****Date:** |
| The information disclosed by you on this form will be stored securely in compliance with the Data Protection Act 1988. The University will only retain personal data necessary to fulfil its obligations to you under the relevant equality and other legislation.  |
| The University complies with the Equality Act 2010 which legally protects people from discrimination in the workplace and wider society.  |

**FOR OFFICE USE ONLY**

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|  | **Mitigating Circumstances**  | **No Mitigating Circumstances**  |
|  |  |  |
| Decision of Mitigating Circumstances Review Group |  |  |