**Access to Work Standard Holistic Assessment Report**

## Customer Information

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| --- | --- |
| Name |  |
| URN |  |
| Job/Placement Title |  |

## Referral details – This report has been commissioned by

|  |  |
| --- | --- |
| Name |  |
| Telephone |  |
| Referral received by |  |
| Date of assessment |  |
| Assessment completed by |  |

## Assessment Type Completed

Standard Assessments Only (Use X to indicate below)

|  |  |
| --- | --- |
| Standard Virtual | Standard Face-to-Face |

The Assessor must inform the Access to Work Case Manager immediately if they find that any information on the referral form is incorrect.

Do not include additional corrected personal details on the report unless agreed by the Access to Work Case Manager.

## Additional Assessment Attendees

Please leave blank if only the customer is attending.

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| --- | --- | --- | --- |
| Customer’s Job Coach/Support Worker |  | Customer’s H&S representative |  |
| Customer’s representative/advocate |  | Customer’s line manager |  |
| Customer’s HR representative |  | Other: Please give details e.g. Technical support (IT) |  |

## Place of Assessment as agreed by DWP:

This could be more than one due to different working arrangements i.e., hybrid working.

Customer’s employment address as stated on the referral form, and it must be authorised by the case manager in advance of the assessment.

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| Employer’s Address |  |
| Placement Address |  |
| Other address |  |
| Address of assessment |  |
| Address 2 |  |

## Employment analysis

To include working pattern, office based, mobile, and job description.

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| --- | --- |
| Pattern of working days  Including Variable/shift pattern |  |
| Hours of work (e.g. 09:00-17:00)  Please also give details of variable/shift pattern |  |
| Contracted Breaks |  |
| Total hours worked per week |  |
| No of working Locations (e.g. 3 days home, 2 days office) |  |
| Role/Responsibilities |  |
| Additional Information |  |

## Assessment of needs

The Holistic Assessment must present the barriers and give subsequent solutions for each one, with each recommendation highlighted in bold. It must include details of why current equipment and solutions are not meeting the needs of the customer.

In addition to the information above, provide details of any adjustments the employer has made to the employee’s job role, which could include tailoring performance requirements and the scope of the job. Identify if the employer has modified the work tasks and/or is allowing longer than usually required for an employee to complete their work tasks.

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## Customer’s current disability or health conditions:

Including any secondary disabilities not already identified.

Include current professional help.

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## Effect of the customer’s conditions on their ability to complete work tasks:

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## Recommendations:

Recommendations must detail the specification and qualities required of a particular item to meet the customer’s minimum needs.

Do not just list a specific product, model, service, or adjustment but also state what it needs to do to support the customer barriers, requirements, possible solutions etc.

For example: Ergo-chair 630 Ergonomic Chair with Integrated Seat ROHO. The customer currently has use of a standard office chair with limited support features and could be considered unsuitable. The customer could benefit from being provided a chair specification with an integrated air cell (ROHO) cushion to alleviate some of the described discomfort experienced in their left thigh and hip, associated with arthritic pains.

Full justification must be given for any recommendations as to how they would resolve customer’s difficulties.

**A. Recommendation**

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**B. Recommendation**

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**C. Recommendation**

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**D. Recommendation**

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# Quotes and Suppliers

All costs will include installation and setup where appropriate.

The companies suggested may also have a returns policy, please check this prior to ordering.

3 Quotes must be provided for items over £500 or a sole supplier form must be attached.

1. **Recommendation**

|  |  |
| --- | --- |
| **1st supplier details** |  |
| Quotation number |  |
| Cost (excluding VAT) | £0.00 |
| Delivery mileage costs | £0.00 |
| **TOTAL COST**  (with VAT, set up & delivery) | £0.00 |
| Additional info/notes: |  |

|  |  |
| --- | --- |
| **2nd supplier details** |  |
| Quotation number |  |
| Cost (excluding VAT) | £0.00 |
| Delivery mileage costs | £0.00 |
| **TOTAL COST**  (with VAT, set up & delivery) | £0.00 |
| Additional info/notes: |  |

|  |  |
| --- | --- |
| **3rdsupplier details** |  |
| Quotation number |  |
| Cost (excluding VAT) | £0.00 |
| Delivery mileage costs | £0.00 |
| **TOTAL COST**  (with VAT, set up & delivery) | £0.00 |
| Additional info/notes: |  |

1. **Recommendation**

|  |  |
| --- | --- |
| **1st supplier details** |  |
| Quotation number |  |
| Cost (excluding VAT) | £0.00 |
| Delivery mileage costs | £0.00 |
| **TOTAL COST**  (with VAT, set up & delivery) | £0.00 |
| Additional info/notes: |  |

1. **Recommendation**

|  |  |
| --- | --- |
| **1st supplier details** |  |
| Quotation number |  |
| Cost (excluding VAT) | £0.00 |
| Delivery mileage costs | £0.00 |
| **TOTAL COST**  (with VAT, set up & delivery) | £0.00 |
| Additional info/notes: |  |

1. **Recommendation**

|  |  |
| --- | --- |
| **1st supplier details** |  |
| Quotation number |  |
| Cost (excluding VAT) | £0.00 |
| Delivery mileage costs | £0.00 |
| **TOTAL COST**  (with VAT, set up & delivery) | £0.00 |
| Additional info/notes: |  |

# Employer Section:

The assessment must detail the capacity and knowledge of the organisation and highlight any areas of awareness or training required. It must address the compatibility of IT solutions for the customer, ensuring these are compatible with the employer’s IT systems.

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## First Help:

This is the information, advice and guidance that have been provided to the customer during the assessment. This may also include physical changes made to the working environment by the assessor while on site.

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## Identified Health and Safety Issues and Advisory Notes:

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**Current support provided by the Employer if applicable:**

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## Progression Planning

The assessor may provide guidance on the ongoing use of support and any other relative information for reference, when appropriate.

Reports should include a prognosis for independence and a suggested programme of tapering withdrawal of people support as appropriate.

For example, the increasing accessibility of public transport is reviewed in travel to work, so we would also consider technology reviews for support worker duties to facilitate independence if possible.

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## Items discussed but not recommended:

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## This Report Has Been Commissioned by the DWP Access to Work Case Manager, any enquires regarding this report should be directed to the AtW Case Manager.

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| --- | --- |
| The report was completed by: |  |
| Date |  |

# Sole Supplier Information

|  |  |
| --- | --- |
| Customer Name |  |
| Customer URN |  |

**Customer workplace barrier**

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**What is the task that the customer cannot do? What will the item help the customer to overcome**?

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**Proposed Solution**

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**What does the solution need to do/provide?**

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**Proposed Supplier**

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**Why is this supplier best placed to supply the item or solution? State clearly the specialist nature of the item.**

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**Please provide contact details of three other companies in the same field of expertise who have been approached for quotes and have confirmed they are unable to provide the item or an alternative solution.**

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# Appendix 1- Anthropometric and Workstation Measurements

## Measurement Template

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| --- | --- | --- | --- |
| A) Mid lumbar curve to chair seat |  | 1) Forearm to chair seat |  |
| B) Heel to knee crease |  | 2) Elbow-elbow width |  |
| C) Knee crease to back of buttocks |  | 3) Widest seated width |  |
| D) Top of shoulders to chair seat |  | 4) Desk height |  |
| E) Height (ft) |  | 5) Shoulder width |  |
| Desk surface to eye level |  | 6) Approximate weight (kg/stones) |  |
| Seated height (during assessment) |  | Top edge of monitor to desk surface |  |
| A picture of a person seated in an office chair at a desk from a side view |  | A picture of a person seated in an office chair from a front view |  |
| *Figure 1 of a side view seated position* |  | *Figure 2 of a front view seated position* |  |

Any other details relevant to the chair requirements:

|  |  |
| --- | --- |
| Floor surface type |  |

# End of Document