

DISABILITY DISCRIMINATION ACT

Over the next few months the Council will have to get itself ready to meet the new statutory duty to promote equality for disabled people. This will place extra responsibility on the council as an employer to actively promote equality for disabled staff (not just make adjustments) and eliminate all forms of discrimination and harassment.

For over two decades UNISON has been campaigning and negotiating actively to improve equality for disabled staff. We want Croydon Council to be genuinely positive about employing disabled people and ensure your managers take equality for disabled people seriously.

At present disabled staff are under represented in the workforce and many disabled staff also don't declare they have a disability. We are aware that some disabled people don't think of themselves as having a disability while others may be worried that they will be discriminated against. Also negative attitudes about disability also discourage people from thinking of themselves as being disabled.

However, to enable us to ensure disabled members are adequately protected and to help us to play our role in promoting equality for disabled people we would like to build up a profile of members with a disability or long term health condition. Asking you to identify your impairment helps us to know which groups of disabled people are being discriminated against most. Even if you don't feel discriminated against yourself, returning the form will help us to help other disabled people who are.

All that will be placed on your membership record is something to indicate to us that you have a disability and if you have any specific access requirements. The information you give us will be kept confidential. The Data Protection Act also prevents us from disclosing any information we hold about you. Please complete the slip below and return it to:

Croydon UNISON Room 12.10 Taberner House, Park Lane, Croydon or via the internal post, marked Private and Confidential.

Please tick the box that most matches your impairment

- | | | | |
|---------------------|--------------------------|----------------------------|--------------------------|
| Mobility impairment | <input type="checkbox"/> | Registered blind | <input type="checkbox"/> |
| Wheelchair user | <input type="checkbox"/> | Learning difficulty | <input type="checkbox"/> |
| Hearing impairment | <input type="checkbox"/> | Mental health issue | <input type="checkbox"/> |
| Deaf/deaf | <input type="checkbox"/> | Long term health condition | <input type="checkbox"/> |
| Visual impairment | <input type="checkbox"/> | Past disability | <input type="checkbox"/> |
- Other impairment/work limiting condition (e.g. epilepsy)

Please also inform us if you have a specific access requirement e.g. information in large print, or on audio tape:

Name.....

Department.....

Workplace address.....