Sunbeams
Community Hub

A world in which Autism is celebrated.

Registered Charity No. 1152188

Health and Safety

28. People with Disabilities.

It is the responsibility of any individuals working for or attending Sunbeams, to notify the management regarding any disabilities or medical condition that may affect the health and safety of any individual/group within the centre.

- Such notification must be recorded by the manager and will be treated as confidential.
- We will ensure that any staff member working within the premises will be treated within reason with the necessary consideration, that their condition requires.

We do not accept responsibility for any risk to health for any of the above, for any individual who fails to inform us of such health/medical condition.

All staff and volunteers will be asked to sign the health declaration form (Appendix A) to say that they have read and understood this and our confidentiality policy.

This policy was adopted on	20th April 2015
Policy updated	24th August 2025
Date to be reviewed	April 2026
Signed on behalf of the management committee	
Name of Signatory; Susan Carr	
Role of Signatory: Manager	

Reviewed By	Date
Sue Carr	24/04/2024
Sue Carr	24/08/2025

Health declaration form Appendix A

In order to provide access, equipment or other practical support to ensure that you can access work, services or activities please complete the following.

Do you have a disability or medical condition that may affect your health and safety or that of any individual/group within the centre. Ye ☐ No ☐

If yes, please give details:

Do we need to make any specific arrangements in order for you to access services or attend work at Sunbeams? Yes ☐ No ☐

If yes, please give details:

I have read and understood the Confidentiality and People with Disabilities policies. Yes ☐ No ☐

I understand that I do not have to provide the above information and that if I chose not to declare my disability Sunbeams cannot accept responsibility for any risk to my health or medical condition. Yes ☐ No ☐

All information provided will remain confidential.

Name……

Signature……..

Date……...