## Checklist / Action Plan for Transition

The Trans employee and their manager might find it helpful to put in place an action plan, or to agree a checklist to clarify the actions that will be taken over the course of the employee’s Transition, dates by which these will be done, and the person who will take responsibility.

Please see use the table below to document your journey, the table can be modified to suit the individual’s needs.

|  |  |
| --- | --- |
| **Employee Name:** | **Supporting Managers Name:** |
| **What date does the employee plan to start their transition?** | |
| **What will the employees name and title be following transition? What pronouns will be used?** | |
| **Are there any temporary or permanent changes / reasonable adjustments to the role, which should be considered to support the employee?** (considerations should include security aspects such as lone working and night working) | |
| **Will time off be required? If so, how will this be managed?** (flexible working options should be considered) | |
| **If applicable, how will single sex working arrangements be managed?** | |
| **When and how should colleagues be informed of the transition?** | |
| **Is there any guidance material, which the employee wishes to share with managers and colleagues?** | |
| **If the employee encounters any unacceptable behaviour towards them from colleagues, patients, visitors or others who should this be reported to?** | |
| **Are there any actions not covered above that the employee wishes to include?** | |
| **Is there an agreed date for when this checklist will be disposed of in line with the requirements of the Data Protection Act and GDPR?** | |
| **Actions Agreed:** | |
| **Date of Review Meeting:** | |
| **Manager (sign and date)** | |
| **Employee (sign and date)** | |

**Who needs to be informed of your Transition?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Who will tell them? | When? | Date completed |
| Senior Manager |  |  |  |
| Line Manager |  |  |  |
| HR Representative |  |  |  |
| Team members |  |  |  |
| Other colleagues |  |  |  |
| Any others (please specify) |  |  |  |

**Changes to records – name and pronouns will need to be in several areas:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Who will do this? | When? | Date completed |
| HR records (including ESR, personal files, Health roster, Occupational Health etc.) |  |  |  |
| Personal file and related data |  |  |  |
| Name badge / ID badge |  |  |  |
| Email |  |  |  |
| IT systems |  |  |  |
| Website (if applicable) |  |  |  |
| Voicemail |  |  |  |
| Union membership |  |  |  |
| Pension scheme |  |  |  |
| Any lease / hire schemes |  |  |  |
| Certificates/Awards |  |  |  |
| Other: |  |  |  |

**Details of meetings:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date | Comments | Actions | Date of next meeting | Signatures:  Supporting manager / employee |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |