Appendix 3 – GENDER TRANSITION SUPPORT AND ACTION PLAN TEMPLATE

This transition template will guide managers and academic departments to support staff or students going through the transition process. This information must be kept strictly confidential and regarded as a living document that will require updating regularly as further actions and details may need to be added. The content must only be discussed with relevant people with prior agreement of staff or student concerned. Additional support and guidance for staff, students and managers can be sought from the Equality, Diversity and Inclusion Team, Human Resources, Student Administration Team, Student Advice and Wellbeing and the Student Union.

|  |  |
| --- | --- |
| Personal Details |  |
| Current name |  |
| Pronoun  |  |
| Grade (Staff) |  |
| Year (Student) |  |
| Line Manager / Academic Manager / Course Tutor |  |

|  |  |
| --- | --- |
| Support process and actions to be taken for Staff or Students Transitioning |  |
| **Please provide response to the points outlined below** | **Action to be taken** | **Start date,****if applicable** | **Completion date,****if applicable** | **Responsible person** | **Update on progress** |
| When do you wish to commence transition? |  |  |  |  |  |
| Expected time for Social Gender Change? |  |
| Uniforms where applicable |  |  |  |  |  |
| Certificates/Awards where applicable |  |  |  |  |  |
| Pension Scheme details |  |  |  |  |  |
| Name Badge |  |  |  |  |  |
| IT systems – Including change of name and personal details |  |  |  |  |  |
| IT systems – including email and log-in |  |  |  |  |  |
| Student Records (Student) |  |  |  |  |  |
| HR Records (Staff) |  |  |  |  |  |
| Bank details (Staff and Student) |  |  |  |  |  |
| Voicemail (Staff) |  |  |  |  |  |
| Business cards (Staff) |  |  |  |  |  |

|  |  |
| --- | --- |
| **Health and Wellbeing Support:** |  |
| Please state if you would require any health and wellbeing support. If yes, what kind of support, how and where? |  |  |  |  |  |
| **Medical and Surgery Appointments:** |  |
| Anticipated periods for medical and surgery interventions if applicable?When time off will be needed and when? |  |  |  |  |  |
| **Time off work or studies as required:** |  |
| Will time off be required, for example: Annual leave/sickness/other arrangement?If so, what time off will be required? When? and how will this be managed? |  |  |  |  |  |
| **Current working environment:** |  |
| Are there any reasonable adjustments to the role which should be considered to support the student or employee? Are there security aspects that would need to be considered, for example night working, etc. |  |  |  |  |  |
| **Name and title change:** |  |
| What will the employee or student new title be? What pronouns will be used and when will they start using these? |  |  |  |  |  |

|  |  |
| --- | --- |
| **Management of confidential/sensitive information:** |  |
| Who will keep this record? |  |  |  |  |  |
| **Dress Code:** |  |
| Are there any dress codes to be considered? Are new uniforms needed? |  |  |  |  |  |
| **Toilets / changing room facilities:** |  |
| In the absence of gender neural toilets, at what point will facilities used change? |  |  |  |  |  |
| **Training and Education:** |  |
| Will colleagues require training to raise their awareness of Gender affirmation and transitioning? If yes, who will receive training? Who will provide the training and how?Where will training take place? |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Who needs to know about your transition** | Who will tell them? | When? | Date completed |
| Line Manager |  |  |  |
| Human Resources Business Partner |  |  |  |
| Members of your Team |  |  |  |
| Other Colleagues (please specify) |  |  |  |
| For Students - Course Lecturer(s) / TutorsFor Students – Course mates |  |  |  |
| Others (specify) |  |  |  |

I can confirm that I agree with the content and detail of the above gender transition support plan.

**Signature – Student or Member of Staff**

…………………………………………………….. Date …………………………………………………….

**Signature of Line Manager/Programme Leader**

…………………………………………………….. Date …………………………………………………….