

# AUTHOR CARE

## ACCESS REQUIREMENTS FORM



This form is based on the [Disability Arts Online Access Form Open Template](#). It is designed to provide support to disabled authors, neurodivergent authors and authors with chronic health conditions.

It is a confidential document, must only be shared with the consent of the individual, and must only be shown to relevant parties as agreed with the individual.

Purpose of this form:

- Provide a record of agreed support and reasonable adjustments
- Reduce the need to reassess adjustments for new contracts or projects
- Provide a basis for future conversations about support and reasonable adjustments
- Enable the author to raise awareness with others as they wish

This form relates to:

- Disabled people with visible disabilities (such as wheelchair users)
- Those with non-visible or 'hidden' conditions or differences (such as people living with fluctuating health conditions and people with mental health problems)
- Neurodivergent people

Where this form will be kept and shared:

- The content of this form is strictly confidential
- The party contracting the author will keep a copy on the author's confidential record
  - In case of a change of contact within the contracting party, e.g. a change of editor or agent, the form will be passed confidentially to the new contact to ensure that all involved are aware of any agreements made
- The author will retain a copy to share with any relevant parties at their discretion
- This form should be re-submitted by the author in case of any changes to the author's access needs to ensure the support and any reasonable adjustments are still appropriate and effective

If you have any questions about the design or implementation of this Access Requirements Form, please contact the Society of Authors at [info@societyofauthors.org](mailto:info@societyofauthors.org)

*How to use this form:*

*Work through the sections, describing any reasonable adjustments you need in order to work. Feel free to leave any irrelevant sections blank.*

*We have included below a consent form, which it may be necessary for your publisher or agent to have in place before they can hold this type of data.*

## Consent To Process Special Category Data

The United Kingdom General Data Protection Regulation (UK GDPR) requires that we, **[insert name of publisher or agency]**, treat all of your personal data with care. You will find full details of our privacy policy here: **[insert link to the publisher or agency's privacy policy or description of where it can be found]**.

Certain types of data are referred to as 'special category data' and we are required to treat this data even more carefully. Indeed, we are prohibited from dealing with (referred to as 'processing') that type of data unless one of the six lawful bases for processing data exists and one of the ten exceptions set out in Article 9(2) of the UK GDPR apply. One of those exceptions is that you (the data subject) have given explicit consent to the processing of that personal data for one or more specified purposes.

Article 9(1) of the UK GDPR states that special category data is information that reveals a person's 'racial or ethnic origin, political opinions, religious or philosophical beliefs, or trade union membership, and the processing of genetic data, biometric data for the purpose of uniquely identifying a natural person, data concerning health or data concerning a natural person's sex life or sexual orientation'.

In order to support your physical and mental health conditions, we need to process special category data about you.

The special category data that we need to process relates to:

- Health (your physical health, mental health and health conditions)
- Genetic data

We need to process your data generally for the purposes of:

- Providing you with support and reasonable adjustments
- Reducing the need to reassess adjustments for new contracts or projects
- Providing a basis for future conversations about your support and reasonable adjustments
- Enabling you to raise awareness with others (publishers, agents, producers and parties to contracts or projects you are working on) regarding the support and reasonable

adjustments you need

- Informing publishers, agents, producers and parties to contracts or projects you are working on of the support and reasonable adjustments you need

Where we process special category personal data, we will ensure we are permitted to do so under data protection laws, eg:

- we have your explicit consent
- the processing is necessary to protect your (or someone else's) vital interests where you are physically or legally incapable of giving consent, or
- the processing is necessary to establish, exercise or defend legal claims

We have analysed our potential use of this special category data and have concluded that we cannot support your physical and mental health conditions on contracts or projects unless we process this special category data in the manner set out above. For that reason, we regard the processing as necessary, targeted and proportionate for this specific purpose.

If you are happy for us to process this special category data in the manner set out above, please sign and return to us a copy of this consent notice. This will signify that you have understood the nature of the personal information that we need to process, the purpose of the processing and that you have consented to us doing so.

We confirm that we will collect, retain, and process only the minimum amount of data necessary, ensuring its security at all times. Access to this data will be restricted to those who need it for processing, such as publishers, agents, producers, and parties involved in contracts or projects you are working on.

Your special category personal data may be shared with selected third parties, including publishers, agents, producers, and parties to contracts or projects you are working on, for the same purposes outlined in this form. These third parties will be contractually obligated, through data sharing or processing agreements, to handle the personal data securely and in compliance with all applicable data protection laws, including the UK GDPR.

You always retain the right to:

- (a) request information from us about any third parties with whom your personal data has been shared;
- (b) request information directly from any such third party regarding the personal data they hold about you; and
- (c) request that we and/or any such third party delete the personal data held about you.

All special category data processed under this notice will be treated as confidential. We, publishers, agents, producers, parties to contracts or projects you are working on or any other

party with access to this data is obligated to respect the confidential nature of the information and must not disclose it without your explicit consent.

We will keep a record of this consent and we will revisit it from time to time to ensure that it remains relevant and necessary.

**Signed:**

x
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**Author Name:**

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**Date:**

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This document is dated to help keep track of different versions that might need to be submitted.

## Medical Model

This example includes questions based around the medical model of disability and may create a sense that access needs can only be justified through detailing diagnosis (which may not be accessible in the first place). **If you wish to follow the social model of disability, please fill in this form instead\*.**

*\*The social model of disability is the understanding that disability is something that is created by society. This is because disabled people face barriers that stop them from taking part in society in the same way as non-disabled people.*

<b>Author name:</b>	
<b>Writing name (if different):</b>	
<b>Staff contact name (e.g. agent, publicist):</b>	
<b>Staff contact job title:</b>	
<b>Department:</b>	
<b>Date:</b>	

**My health condition, difference or neurodivergence has the following impact(s) on my ability to work:**

*This could include:*

- *effect on coordination, dexterity, or mobility*
- *effect on mental health*
- *effect on hearing, speech or vision*
- *effect on ability to interact socially with colleagues*
- *effect on sensory stimulation*
- *effect of particular working environments (for example open-plan offices, noise levels)*
- *attending medical or counselling appointments*
- *Potential fluctuations of symptoms depending on good vs bad days*

**Due to the impact(s) outlined above, those I work with should be mindful of:**

*Include here things like:*

- *The author's preferred method of communication*
- *Anything that may contribute to sensory overload*
- *How the author interacts with others (might avoid eye contact, not engage in social conversations as much, find it difficult to follow what's being discussed etc)*
- *Any physical restrictions*
- *Whether symptoms may fluctuate on good vs bad days and what this means*
- *Anything else that may negatively impact the employee in their working day*

**The following support and reasonable adjustments have been agreed between myself and my publisher/agent/producer:**

*Include any agreed actions here, e.g.:*

- *Agreed method(s) of communication*
- *Any verbal communication around tasks, projects etc to be followed up in writing*
- *Any adjustments around potential sensory overload*
- *Any workspace and environment adjustments*
- *Any agreements around breaks etc*
- *Any agreements around social activities, events etc*
- *Anything else that may help the individual!*

## Emergency Contact Details

Below is a section for **optional** emergency contact details. You are under no obligation to provide these details but you can choose to fill out contact details if you feel it would be helpful.

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If I'm not well or there are any urgent concerns about my wellbeing, I'm willing for you to contact the following emergency contacts in the order of preference indicated below.  
(Please add, amend or delete contact types as appropriate or when there are any changes.)

<b>Relative, Partner or Family Member Name:</b>	
<b>Relationship to You:</b>	
<b>Telephone Number:</b>	
<b>Email Address:</b>	
<b>Contact Preference:</b>	

<b>Relative, Partner or Family Member Name:</b>	
<b>Relationship to You:</b>	
<b>Telephone Number:</b>	
<b>Alternative Telephone Number:</b>	
<b>Email:</b>	
<b>Contact Preference:</b>	

Leave blank if not appropriate/wanted:

<b>Specialist/Care Co-ordinator/Support Worker/Counsellor/ General Practitioner/Nurse Name:</b>	
<b>Relationship to You:</b>	
<b>Telephone Number:</b>	
<b>Alternative Telephone Number:</b>	
<b>Email:</b>	
<b>Contact Preference:</b>	

## Review

This Author Care Access Form detailing agreed support and reasonable adjustments will be reviewed (and if needed re-submitted) after the adjustments have been implemented to ensure they are removing identified barriers and making work more manageable for the author.

Where they have not been implemented or have not proved to be useful, this review will ensure that reasonable adjustments can be actioned or agreed. Further reviews will be at the author's request, or if there is any change to the author's contract which might create additional barriers, to ensure the reasonable adjustments are still appropriate and effective.

<b>Scheduled Review Date:</b>	
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### SIGNATURES

<b>Author name:</b>			
<b>Author signature:</b>		<b>Date:</b>	
<b>Agent /Publisher/ Producer name:</b>			
<b>Agent/Publisher/ Producer signature:</b>		<b>Date:</b>	