

Disclosure planner

Telling work about a chronic illness is not one decision. It is a series of them, and this sheet is a place to think them through before the conversation.

There is no universal right answer to disclosure. The calculation depends on you, your workplace, your role, and what you actually need. **Planning ahead** gives you time to decide what to say, what to ask for, and what to keep.

i This is your planning sheet, not a script. Edit freely. The decision is yours, and there is no obligation to use anything you write here. You can also use this to plan a conversation you have already had, to think through what to say next.

§ The legal baseline in Australia. The Disability Discrimination Act 1992 (Cth) requires employers to make reasonable adjustments for a disability, unless that would cause unjustifiable hardship. The Fair Work Act 2009 (Cth) protects employees from adverse action because of a physical or mental disability. You do not have to disclose to be protected, but adjustments usually depend on your employer knowing what you need.

THOUGHTFUL DISCLOSURE PATH

What planning the conversation tends to look like

- You choose who to tell first, carefully
- You prepare a **short factual version** of the illness
- You ask for **specific adjustments**, not open-ended understanding
- You keep the option of further disclosure open without committing to it

CRISIS DISCLOSURE PATH

What disclosing without planning tends to look like

- The conversation happens in a moment of high stress
- The person you tell has not been chosen carefully
- There is no clear ask attached
- The disclosure itself may go okay, but the relationship after can be harder to manage

SEVEN AREAS PAGE 2 INVITES YOU INTO

You will not fill in all of them. Some are essential before the conversation; others can be left open. **The point is to know which is which** before the conversation starts, rather than discovering it mid-sentence.

1 WHO
The person you are considering telling first
A manager, an HR contact, a trusted colleague. Choose someone safe to test the conversation with.

2 WHY NOW
What has prompted this
A new symptom, a tipping point, an opportunity to ask for what is needed.

3 THE FACTS
A short factual version
Two or three sentences. The diagnosis, what it means in practice, what it does not mean.

4 THE ASK
Specific adjustments you are requesting
Not "more understanding." Specifics: hours, location, breaks, tasks, equipment.

5 PRIVATE PARTS
What you are not disclosing
The detail, the emotional load, the diagnosis story. These are yours to keep.

6 LOGISTICS
When and where
A booked meeting beats a corridor conversation. A private room beats an open desk.

7 DOCUMENTATION
What you are bringing with you
A GP letter, a specialist letter, a written summary of the adjustments you are asking for. These can help steady the conversation if emotion gets involved.

REMEMBER The decision is yours. The protection is in the law. **The hard part is the part the law cannot help with**, and it is worth giving that part the care it deserves. You are also allowed to change your mind partway through.

A planned conversation is a kind of self-respect.

Tomas, V., Ahmed, H., & Lindsay, S. (2022). Unravelling the complexities of workplace disclosure among persons with non-visible disabilities and illnesses: A qualitative meta-ethnography. *Journal of Occupational Rehabilitation*, 32(3), 538–563. · Vickers, M. H. (2017). Dark secrets and impression management: Workplace masks of people with multiple sclerosis. *Employee Responsibilities and Rights Journal*, 29, 175–195. · *Disability Discrimination Act 1992 (Cth); Fair Work Act 2009 (Cth)*.

Disclosure planner

Plan the conversation before having it.

Edit freely as you think things through. Not every box needs to be filled; some will be obvious, others will take a few attempts. The aim is to walk in knowing what you want to say, what you want to ask for, and what is staying private.

Write what you actually plan to say, in your own words. **You can come back and revise.** If a box stays blank, that is information too: it means there is more to think about before the conversation.

WHAT ONE ENTRY MIGHT LOOK LIKE

THE ASK · SPECIFIC ADJUSTMENTS I AM REQUESTING

A 9:30 start on the two mornings after treatment, and a quiet room for calls.

1 WHO

The person I am considering telling first

A manager, an HR contact, a trusted colleague. Someone safe to test the conversation with.

2 WHY NOW

What has prompted this

A new symptom, a tipping point, an upcoming change, a chance to ask for what is needed.

3 THE FACTS

A short factual version of what they need to know

Two or three sentences. The diagnosis, what it means in practice, what it does not mean.

4 THE ASK

Specific adjustments I am requesting

Hours, location, breaks, tasks, equipment. Specific is more useful than "more flexibility."

5 PRIVATE PARTS

What I am keeping for myself

The detail, the emotional load, the diagnosis story. These are yours to keep.

6 LOGISTICS

When and where this conversation will happen

Book the meeting. Choose a private room. Avoid the corridor and the open desk.

7 DOCUMENTATION

What I am bringing with me

A GP letter, a specialist letter, a written summary of the adjustments. These can help steady the conversation if emotion gets involved.

A NOTE BEFORE THE CONVERSATION

If the planning is making you anxious, that is information too.

Slow down. The conversation does not have to happen today. It can help to talk it through with a GP, a trusted friend, or a psychologist before going in. Meet & Greet - a short call to see if we are the right fit.

MEET AND GREET

- Free
- 15 minutes
- Online or in-person
- No obligation