

Disclosure planner

Telling work about a chronic illness is not one decision. It is a series of them, and the thinking before the conversation is part of how the conversation tends to go better.

There is no universal right answer to disclosure. The calculation depends on you, your workplace, your role, and what you actually need. **What is universal is that planning the conversation before having it changes how it lands.**

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) prohibits discrimination on the basis of disability, including chronic illness. The Fair Work Act 2009 (Cth) sets out reasonable-adjustment provisions. You do not have to disclose to be protected, but you usually do have to disclose to access specific adjustments.

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 often goes okay, but the relationship after is 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, a 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 THE 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 steady the conversation when emotion gets involved.

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.

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.

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.

1 WHO

The person I am considering telling first

A manager, a 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 steady the conversation when 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.** Talking it through with a GP, a trusted friend, or a psychologist before going in is often what makes the difference.

Meet & Greet · a short call to see if we are the right fit · free · 15 minutes · online or in-person · no obligation