**Wellness Action Plan**

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| **Name:** | **Date:** | **Manager:** |
| **Support areas identified:** | | |
| *Examples:*   1. *Menopause symptoms* 2. *ADHD* 3. *Recovery from back surgery* | | |
| **Any work related situations, environments that you feel can negatively impact your symptoms:** | | |
| *Examples:*   1. *Office temperature and people in general!* 2. *Busy office, lots of meeting, easily distracted and lose concentration* 3. *Recovery from back surgery* | | |
| **Do you have any current coping strategies/mechanisms/ways of working that help with your condition/symptoms both at work and outside of work?** | | |
| *Examples:*   1. *Medication, meditation and yoga, regular breaks due to irritability* 2. *Dancing, kickboxing and to do lists both at work and home* 3. *Not to sit for too long* | | |
| **Agreed reasonable adjustments or recommendations for workplace support:**  **Actions for Staff member to explore/implement:**  *Examples:*   1. *Work in different workspaces where possible, stay hydrated, take regular fresh air and screen breaks* 2. *Use headphones and block out doing time in diary, work on bigger projects from home in a quiet space, create a to do list each week/day* 3. *Do recommended physio exercises daily, take regular movement breaks (set an hourly alarm where possible)*   **Actions for Manager to explore/implement:**  *Examples:*   1. *Order a desk fan* 2. *Order noise cancelling headphones and ensure any job requests or lists are followed up in bullet pointed emails* 3. *Source a desk chair back support and lumbar cushion* | | |
| **Anything else?** | | |
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| **Agreed review date:** | | |