**Wellness Action Plan**

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| **Name:** | **Date:** | **Manager:** |
| **Support areas identified:** |
| *Examples:*1. *Menopause symptoms*
2. *ADHD*
3. *Recovery from back surgery*
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| **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*
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| **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*
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| **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*
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| **Anything else?** |
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| **Agreed review date:** |