

Wellness Action Plan

A Wellness Action Plan reminds us what we need to do to stay well at work – whether you are working from a physical workplace or remotely – and details what your leader can do to support you. You only need to give information that you're comfortable sharing and this Wellness Action Plan will help you and your leader agree together how to support you to address any health needs or concerns.

How do you work?

What are your current and intended working arrangements?

You might wish to share details of your remote workspace, for example whether working in a shared workspace, bedroom or communal home space. You might also wish to highlight any flexibility arrangements already agreed, for example working hours.

What helps you stay healthy at work?

For example, taking an adequate lunch break away from your workspace, getting some exercise before or after work or in your lunch break, natural light at your workspace, regular contact with your team / leader.

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Are there any situations at work that can make your menopausal symptoms worse for you?

For example: conflict at work, having to stand for a long period, temperature changes.

How might experiencing menopause symptoms impact you at work?

For example: difficulty with concentration, tiredness, needing to use the toilet more frequently, needing access to fresh air and water.

What can your leader do to support you to manage any menopausal symptoms at work?

For example: exploring our flexibility principals if you're experiencing disturbed sleep when working in a hub or out in the community, making sure you've got access to cold water and easy access to toilet facilities, providing a fan or access to fresh air, giving you somewhere to store extra clothes or change clothes during the day, giving you time to access the menopause support programme and bookable sessions on LEARN.

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Is there anything else that you would like to share that would further support you to manage your symptoms when carrying out your role?

Summary of support and interventions. This will be reviewed and updated over time as and when symptoms / support needs change.

Signed:

Date:

Signed:

Date: