**Personal wellbeing plan**

Insert your logo here

We would like to help you to manage your wellbeing in and out of work. This personal wellbeing plan, although it belongs to you, is a tool to help you and your manager have open conversations about things that are important for your health and wellbeing.

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Description automatically generated**This document looks at things that you can do or change to help you feel well and also helps your manager know if there are things they can support you with that could improve your wellbeing. You can use it to aid discussions about those areas which are important to

you and that may impact on your health and wellbeing.

The things you record in your plan are to help facilitate open conversations with your manager. This document is yours to own and should not be kept on your personal file.

We recommend that this is completed at least once a year and reviewed at intervals

agreed by you and your manager.

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About You

|  |  |
| --- | --- |
| Your name |  |
| Your manager’s name |  |
| Review date |  |

**To be completed on your own in advance of meeting your manager**

The following areas all impact on our health and wellbeing. Please review the list and

ask your manager for information about how to access support if you need it.

|  |  |
| --- | --- |
| **Topic Area** | **Tick if you require information on available support** |
| Exercise and maintaining physical health |  |
| Healthy eating |  |
| Staying hydrated |  |
| Alcohol consumption |  |
| Stopping smoking |  |
| Working safely with display screen equipment |  |
| Effective working relationships |  |
| Managing your workload effectively |  |
| Support for carers |  |
| Financial advice |  |
| Managing sleep |  |
| Substance abuse |  |
| Personal safety, at work and at home, including physical and emotional abuse |  |

**Are there any other areas of health and wellbeing that you would like information on?**

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Insert your logo here

**To be completed with your manager**

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|  |  |
| --- | --- |
| **What does a good day look like for you?** |  |
| **Do you know how to access health and wellbeing support at work when you need it? What can we (your manager/ tea / organisation) do to improve access?** |  |
| **Is there anything that has a negative impact on your wellbeing? How can we support you with that?** |  |
| **What can we do to proactively support you to stay mentally healthy at work?** |  |
| **What can we (your manager/team/ organisation) do to make work more inclusive for you and to recognise the diversity you bring to the workplace?** |  |
| **How can we support you to work flexibly to maintain a good work /life balance?** |  |

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**Your action plan**

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Use the table below to record any actions that you have agreed in the meeting.

You should set a date for when you will review your wellbeing plan.

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|  |  |
| --- | --- |
| **What will you do to support your health and wellbeing?** |  |
| **What will your manager do to support your health and wellbeing?** |  |
| **When will you review your wellbeing plan together?** |  |

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Description automatically generated**Local signposting**

Please use this section to link to your local sources of support such as

occupational health, employee assistance programme (EAP).

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