



Wellness action plan

Use this plan with the employee/employer companion document

Name			
Line manager			
HR contact name			
Supporter name(s) (if applicable) e.g. close family member, friend or colleague			
GP surgery and phone number			
Employee Assistance Programme	unum-uk.lifeworks.com (username: unum password: lifeworks) 0800 048 2702		
Mental Health Team (if applicable) e.g. 24 hour helpline			
Emergency contact (may be same as supporter name)			
Other useful contacts			

WELLNESS CONTINUUM

Healthy I am feeling my best	Flaring/reacting I am experiencing symptoms but still able to work	Off work I am experiencing symptoms and unable to work
What would I be aware of at each stage and what would my manager/colleagues notice about me at each stage? consider physical/mental health symptoms, energy levels, concentration, relationships/interaction with others, productivity at work		

Any triggers that I am aware of that affect my health – For example, specifics relating to your condition, situations at work or at home, relationships, your response to pressure/stress/change.	Personal wellbeing and coping strategies that are helpful inside and outside of work – what I do that helps	Workplace support or adjustments that are/may be helpful – what my employer could do/does that helps

RECORD OF ADJUSTMENTS AND SUPPORT IN PLACE

Record of current support and adjustments in place (this should be updated after wellbeing meetings)

Support/adjustment	Expected duration	Ajustment review date
Wellbeing meetings to review progress and this plan will be held every:		
Time off for appointments/ treatment sessions will be managed as follows		
Absence relating to this condition will be managed as follows:		
Other adjustments/support agreed		
Other adjustments/support agreed		
Other adjustments/support agreed		

KEEPING IN TOUCH

In addition to the standard absence reporting practice, if I am absent from work for a reason relating to my health condition, contact with my manager will take place as follows:

Who will contact who	
How will contact be made	
How often (daily, weekly, monthly)	
When (preferred day/ time)	
During this contact we will discuss (edit as needed):	
When planning a return to work, we have agreed to discuss (edit as needed):	

ADVANCE STATEMENT



If you need help
or would like more
information, please call
our Rehab helpline on
01306 646 001

Name	Role	Signature	Date
	Employee		
	Line manager/HR		

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