**Wellness Plan**

**Name**:

**How would I describe myself:**

**What helps keep me well:**

* How I feel (sociable/outgoing/confident/thoughtful)
* What I do (day/week)

**Areas that are stressful for me:**

|  |  |  |
| --- | --- | --- |
| **Stressful Area** | **What this means to me** | **Internal/external resources I have to help me**  |
|  |  |  |
|  |  |  |
|  |  |  |

**Signs that I may need extra support at work:**

**Support that I would find helpful is:**

**If I need time off work I would like (people to keep in contact me/I really value my space to focus on my wellbeing):**

**Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**