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| **Individual Menopause Support Plan** | |
| Employee Information | |
| **Name:** |  |
| **Job Title:** |  |
| **Department:** |  |
| **Manager/Supervisor:** |  |
| Symptoms and Impact | |
| * **Symptoms Experienced**: (e.g., hot flushes, fatigue, mood changes) | |
|  | |
| * **Impact on Work**: (e.g., concentration, attendance, performance) | |
|  | |
| **Support and Adjustments Needed** | |
| * **Flexible Working Arrangements**: (e.g., flexible hours, remote work) | |
|  | |
| * **Work Environment Adjustments**: (e.g., temperature control, rest areas) | |
|  | |
| * **Health and Wellbeing Support**: (e.g., access to counselling, health screenings) | |
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| * **Additional Support**: (e.g., specific equipment, additional breaks) | |
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| **Action Plan** | |
| * **Agreed Actions**: (List the actions agreed upon to support the employee) | |
|  | |
| * **Review Dates**: (Set dates to review the support plan and make adjustments if necessary) | |
|  | |
| **Signatures** | |
| **Employee Signature**: |  |
| **Date**: |  |
| **Manager/Supervisor Signature**: |  |
| **Date:** |  |