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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)
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| * **Impact on Work**: (e.g., concentration, attendance, performance)
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| **Support and Adjustments Needed** |
| * **Flexible Working Arrangements**: (e.g., flexible hours, remote work)
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| * **Work Environment Adjustments**: (e.g., temperature control, rest areas)
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| * **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)
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| * **Review Dates**: (Set dates to review the support plan and make adjustments if necessary)
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| **Signatures** |
| **Employee Signature**:  |  |
| **Date**:  |  |
| **Manager/Supervisor Signature**:  |  |
| **Date:** |  |