WELLBEING@WORK PLAN*

Employee name: ............................................................
Manager name:.........................................................
Date .................................................................

1. What strengths and resources are you bringing to your new service?

2. What is the main issue(s) you are worried about facing?

3. What could be the impact of this on you, the team and the service?

4. If this issue has occurred in the past, what has already been done about it? What has worked and what hasn’t?

5. Further action: who is going to do what:
   a. What are you going to do?

   b. What do you need your new service to do?

6. Any other comments?

*This document has been adapted from the original document produced by the Dorset Wellbeing and Recovery Partnership.