Wellness Recovery Action Plan (WRAP)

**Date of plan:**

**Employee name:** **Manager name:**

This is a document drawn up between you, as an employee, and your manager, on behalf of [organisation]. It will be used to outline the steps your employer can take to support you and your health at work. This information will be held confidentially and regularly reviewed, in partnership with you. You only need to disclose details about your health in relation to your role and the workplace, and only as far as you feel comfortable. The WRAP is not legally binding but will help both you and your employer to agree, together, how to practically support you in your role and address any health needs.

**In your own words, how does your mental health problem affect you? How might your symptoms impact on your work?**

**Can you describe in your own words any triggers for mental ill health and early warning signs that your employer might notice?**

**What support or adjustments could your employer put in place to minimise triggers or support you to manage your symptoms at work? Is there anything they should try to avoid doing?**

**If your health deteriorates, or your employers feels they have noticed early warning signs of distress, what should they do? Who can they contact?**

*Please include contact names and numbers and account for scenarios when your health changes in a minor way and you are still able to get into work.*

**What steps can you take? Is there anything your employer could do to facilitate them?**

Signed: Employer Signed: Employee