

Wellbeing Support Plan - Menopause

Employee name:	
Employee Job title:	
Date:	

The information that you provide using this form will only be processed and / or shared to agree or facilitate any reasonable adjustments that may be needed to both support and improve your ability to work safely and effectively while experiencing symptoms of the menopause.

Any conversation or information as part of discussions between yourself and your line manager or representative must be kept confidential and only where you indicate below will information be shared with your explicit and informed consent on a need-to-know basis. Information may therefore be shared with external parties such as HR, counselling services, health providers, employee representatives, union representatives and or colleagues only where you have indicated that you are happy for information to be shared.

Information may also be shared with internal parties such as SLT or Governors only on a need to know basis where additional guidance and support in relation to your employment and / or working conditions are required in line with our staff privacy notice and employment regulations or obligations.

Managers and employees must arrange to review this document at regular intervals to ensure that any adjustments made are still relevant and any additional actions or requirements can be identified.

The list below does not cover all symptoms and adjustment options as it also provides potential discussion points depending on symptoms experienced. Please use the empty rows to add any additional support or adjustments required.

Part (a):

Area of consideration	Prompts	Action(s) agreed
Information	- Has the employee read and understood the Menopause Policy? - Has the employee spoken to their GP? - What has the employee done so far with regards to self-care?	
Sickness	- Has there been an impact on attendance at work sickness in relation to the menopause? - Would the individual benefit from additional 1-1 meetings?	

	- Has an Occupational Health referral been discussed? - Has Flexible Working been discussed?	
Facilities and sanitary items	- Work stations / areas have toilets and washing facilities within an easily accessible distance. - Can sanitary products be easily accessed from bag / locker if required? - Is there seating which can be used when needed for staff who stand frequently? - Has allocation of additional uniform been discussed? - Is there somewhere spare clothing can be stored safely? - Can home working be accommodated during a heavy period / menopause symptoms?	
Work stations / Areas	- Does the work areas have a suitable level of ventilation? - Do VDU users take regular breaks? - Has a DSE assessment been completed? - Has blended working been considered? - Have noise cancelling headphones been discussed if in an open or noisy area?	
Temperature	- Is the uniform provided made of natural material? - Have alternative uniform/dress code options been discussed? - Is a portable fan available and easily accessible? - Can the time wearing PPE be limited or reduced? - Is there easy access to cold water? - Has allocation of extra uniform been discussed?	

Fatigue / Aches and pains / Stress	- Have duties been discussed and lighter or less stressful duties allocated? - Has speaking with their GP been discussed? - Has speaking to a Mental Health First Aider been discussed? - Have flexible working options been discussed?	
Mood swings / Low mood / Lacking concentration / loss of confidence	- Have adjusted breaks been discussed? - Is there access to natural light? - Is there access to a quiet space when needed? - Has well-being and time for self-care been discussed? - Have details of the Employee Assistance Programme been given / discussed? - Can interruptions be reduced?	
Additional Leadership Specific considerations	- Has temporary redistribution of leadership duties been discussed? - Has temporary reduction in classroom teaching been discussed? - Has protected time for essential strategic leadership tasks been discussed? - Has support during inspection or external review been considered?	

Review and Monitoring Requirements:

- Ensure regular review of adjustments - recognising that menopause symptoms change over time.
- Provide clear documentation of agreed adjustments - ensuring consistency and accountability.
- A commitment to adapt or escalate support if symptoms worsen or new challenges arise.

Part (b):

Privacy Statement:

This document reflects a strictly confidential discussion between the parties, unless specifically agreed, information will only be shared as expressed below or where there is a justified legal basis to do so.

The below information can be shared on a need to know basis only:

Data to be shared

- ☐ All necessary information
- ☐ Only my contact details for further contact
- ☐ Only my current concerns in relation to menopause
- ☐ Only Information that is required by the other party to support me

Party to be informed (i.e.) Occupational Health, GP, Third party counsellor, Union Representative

- ☐ Occupational health
- ☐ My Trade Union or chosen representative
- ☐ Other managers that I work with
- ☐ Other colleagues that I work with
- ☐ Other: _____.

By signing, I agree;

- that this form accurately reflects the discussion held;
- the reasonable adjustments have been agreed between both parties;
- to the information being shared as outlined in part (b) of this form.

Signed (Employee):		Date:	
Signed (Line Manager):		Date:	