

# Personal Action Plan Form

**Who should use this form:** Vulnerable employees (and employees who have caring responsibilities in relation to vulnerable persons) who require a personal action plan to assist in managing their risk of exposure to infectious diseases in the workplace. Employees may use the form to discuss their particular circumstances and needs with their supervisor.

Vulnerable persons includes those with compromised immune systems (e.g. cancer), diagnosed with chronic medical conditions, elderly or working in group residential settings.

<b>Name:</b>		<b>Location:</b>	<Work Unit / Building >
<b>Position:</b>		<b>Supervisor:</b>	
<b>Reason for PAP: (Tick all relevant)</b>	<input type="checkbox"/> health condition <input type="checkbox"/> live/work in group residential setting <input type="checkbox"/> Other _____ <i>Please note, your supervisor or HR Unit may request more detailed information about your circumstances.</i>		

**Details of medical / relevant authority advice the employee has received regarding the management of their condition or circumstances and potential exposure to infectious diseases:** e.g. location of work, open-air environment, hours of work, avoid lunchroom/communal areas etc.

**The following are proposed actions. Managers and employees should discuss the practicality of each option having regard to the individual's and workplace circumstances.**

- increase social distance in the workplace (e.g. co-workers sitting apart in accordance with latest protocols, defer face-to-face meetings, conduct teleconference meetings from own desk, stagger meal breaks)
- re-locate to an appropriate safe job or alternate location within workplace (e.g. reduce interaction with others)
- work from home (full-time or for only part of the week)
- reduce working hours (e.g. full-time to part-time, reduce part-time hours)
- take leave for the period\* \_\_\_\_\_ to \_\_\_\_\_ (e.g. recreation leave or long service leave)
- Other \_\_\_\_\_

\*Check if employee is eligible for Special Leave relating to Covid-19 (eligibility criteria apply)

<p>In relation to any of the actions ticked above, provide further details (e.g. details of new work location) and what is required to support this action e.g.</p> <ul style="list-style-type: none"> <li>• transfer computer</li> <li>• Laptop assigned</li> <li>• VPN access</li> <li>• OHS/WHS assessment</li> </ul>		
<p>Additional information (if required) (e.g. note if delegate approval required)</p>		
<p>Date seeking approval from (date month year):</p>		
<p>Review date (date month year):</p>		
Signature:		Date:
Manager Signature:		Date:
HR Unit Officer (optional) Signature:		Date:
<p><b>Agency HR Unit</b></p>		
Entered into Personal Action Plan Register	Date:	

## Further information

Refer to the following websites for information about Covid-19:

<https://coronavirus.nt.gov.au/>

[www.health.gov.au](http://www.health.gov.au)

Email your completed form to [{insert relevant email eg HR Unit}](#)