

WORKPLACE SUPPORT PLAN TEMPLATE



Acknowledgment of Aboriginal people and communities in Victoria

The Victorian Government proudly acknowledges Aboriginal people as Australia's First Peoples and as the Traditional Owners and custodians of the land and waterways upon which we depend. We acknowledge Victoria's Aboriginal communities and culture and pay respect to their Elders past and present.

Aboriginal culture is founded on a strong social and cultural order that has sustained up to 60,000 years of existence. Victorian Aboriginal communities and peoples are culturally diverse, with rich and varied heritages and histories pre- and post- invasion. The impacts of colonisation — while having devastating effects on the traditional life of Aboriginal Nations — have not diminished Aboriginal people's connection to country, culture or community.

The Victorian Government recognises the long-standing leadership of Aboriginal communities in Victoria to prevent and respond to family violence, supported through self-determination and self-management, to improve outcomes for Aboriginal people and families, whilst also acknowledging the devastating impacts and accumulation of trauma across generations as a result of colonisation and the dispossession of land and children.

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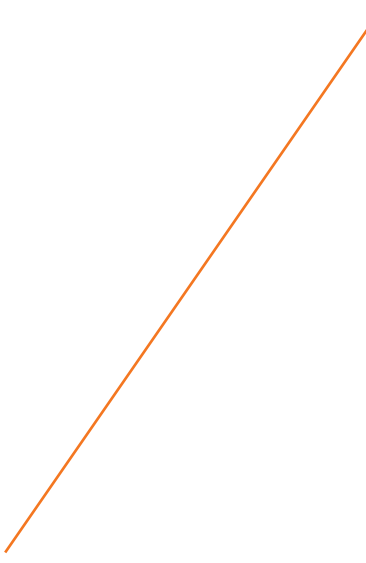
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In this document, 'Aboriginal' refers to both Aboriginal and Torres Strait Islander people.



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Workplace safety plans should be completed by an appropriately trained manager or HR and employee.

This workplace safety plan template provides questions to work through with an employee.

Every workplace safety plan is unique and based on the needs of the employee – you should be guided by them on what is important and safe for them in their workplace safety plan.

Under each checklist question with a 'yes', 'no', or 'N/A' response option, you can provide additional details about your conversation.

Add space to each section to write in further details, as required.

Employee details

Name, position and usual place of work:	
Employment status: (full-time, part-time, casual)	
Eligible for family violence leave: d(Y/N)	

Emergency contacts

Are the emergency contact details on the system up to date? Is there an alternative emergency contact person?

Emergency contact:	
Telephone number:	
Relationship to employee:	
Time at which the emergency contact will be called if the person is not at work and has not made contact:	
Employee has confirmed their agreement with process (Y/N)	
Time at which a welfare check will be sought via Triple Zero (000) if no response is received:	

Call **000** in an emergency or Safe Steps on **1800 015 188** or **local family violence organisation** on:

insert contact details for local service here

Family violence leave

Does the person wish to apply for family violence leave? (Y/N/NA – provide details)

Has evidence been provided of family violence in accordance with the organisation's policy? (Y/N/NA – provide details)

Does the employee understand that HR will be informed of relevant family violence information in order to process the leave request? (Y/N/NA – provide details)

System intervention

Is there a family violence intervention order (FVIO) or similar? (Y/N/NA – if yes, request a copy of the order or relevant details that affect the workplace)

Is the employee listed as the affected family member (AFM) or the perpetrator? (AFM/Perpetrator – provide details)

Does the employee understand that HR will be informed of relevant family violence information in order to process the leave request? (Y/N/NA – provide details)

Perpetrator details

Does the perpetrator work for the same organisation or have links to the workplace? (Y/N)

If yes, provide details. Note: seek advice from HR/legal department.

Specialist advice

Has the employee engaged with a specialist family violence or other service? (Y/N/NA – provide details)

Has the employee been provided with the referral's information and details of any workplace support programs? (Y/N/NA – provide details)

Has the employee been informed of the limits of confidentiality? (Y/N/NA – provide details)

Workplace duties and safety

Are there any workplace duties that need to be modified (this can be for safety reasons or health and wellbeing more generally) (Y/N/NA – provide details)

Are flexible working arrangements required? (i.e. different start/finish times, working away from public areas, having phone diverted?) (Y/N/NA – provide details)

Is the employee safe from entering and exiting the place of work? Is there a need to inform security or make security arrangements? (Can security be given a photograph of the perpetrator? Can the employee be given access to a workplace car park? Does their work car need to be changed?) (Y/N/NA – provide details)

Is any harassment taking place at work requiring changes to telephone numbers, email addresses, etc.? (Does reception need to be informed? Does information need to be removed from a public-facing website? Can IT services block emails from the perpetrator?) (Y/N/NA – provide details)

Do any bank payment details need changing to prevent financial abuse? (Y/N/NA – provide details)

Action plan and next steps

Risk/concern	Strategy	Workplace action	Employee action	Date of review
<i>e.g. Financial abuse</i>	<i>Change bank payment details</i>	<i>Change details on system</i>	<i>Provide new bank details</i>	<i>XXX</i>

Consent to collect and handle personal information

I consent to my employer collecting and handling my personal information under this plan.

I understand my personal information will be marked 'Official: sensitive' and kept secure by my employer.

I also understand that my manager may have to inform another manager or HR about my situation for their own accountability and support.

I also understand the organisation has reporting obligations, as described below.

Employee's name:	
Employee's signature:	
Manager's name:	
Managers signature:	
Date:	
Verbal consent obtained: (Y/N)	
Organisation's reporting obligations:	

Preferred contact method

Mail:	
Email:	
Phone/text:	
Would you prefer to be called from a private number: (Y/N)	
What is the best day and time for us to call?	
A message left with a safe/authorised person?	
Authorised person contact details: (full name, relationship, telephone)	

