

MY SAFETY PLAN

YOUR NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

WORKERS NAME: \_\_\_\_\_

What are the warning signs that I am starting to struggle? E.g. thoughts, feelings, behaviours.

What ways can I help myself? What have I done in the past that helped? E.g. exercise, walking the dog, watching a movie, talking to someone.

Names of helpful people and safe places I can go? E.g. support services, GP, friends, family	
Name	Contact number

24 Hour Emergency/Crisis Support Contacts	
Ambulance/Police/Fire	<b>000</b>
Lifeline	<b>13 11 14</b>
Suicide Call Back Service	<b>1300 659 467</b>
Kids Helpline	<b>1800 55 1800</b>

