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| Health Safety & Wellbeing Plan |
| **Date:** | Click or tap to enter a date. | **Review Date** | Click or tap to enter a date. | **Review Date** | Click or tap to enter a date. |
| **College/ School/ Portfolio:** | Click or tap here to enter text. |
| **Authorising Manager** | Click or tap here to enter text. |  | **Nominated HSR** | Click or tap here to enter text. |  |
|  | Name | Sign |  | Name | Sign |

| **Objective** | **Target** | **Performance Indicator** | **Action Required** | **By Who** | **By When**  | **Resources Required** |
| --- | --- | --- | --- | --- | --- | --- |
|       |       |       |       |       | Click or tap to enter a date. |       |
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