# My Safety Plan

Name:

Date:

Actions I will take to keep myself safe:

Actions others can take to keep me safe:

Warning signs and/or triggers:

What ways of coping do I have? What has helped before? What soothes me?

What's important to me?

What would I say to someone close feeling this way? Or what do I need to hear?

My safe places to go:

I can talk to or call:

Professional help:

**Go to A&E or Dial 999 in an emergency**