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| --- |
| Your group name/logo.Guest/Service user risk assessment (template)Registration number/charity number  |
| This risk assessment will be reviewed annually or if there are any changes in the related legislation or when an incident dictates. This will ensure that this document is current and fit for purpose.  |
| This document was approved by (named person within your organisation)  |
| Date  |

1. ***These documents, templates and policies are for advice and support purposes only.***
2. ***You may edit and amend the documents to render them suitable for your group purposes.***
3. ***You must not sell or re-distribute any documents or derivatives thereof.***

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| **Name** |  |
| **Date of Birth** |  |
| **National Ins Number** |  |
| **Address or No Fixed Abode****(previous)**  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Risk Type** | **Yes** | **No** | **Not Known** |
| **Convictions****(list)**  |  |  |  |
| **Arson** |  |  |  |
| **Sexual Offences** |  |  |  |
| **Current Probation****(address)** |  |  |  |
| **Substance use;** |  |  |  |
| Alcohol |  |  |  |
| Drugs |  |  |  |
| **Risk to others;** |  |  |  |
| Violence |  |  |  |
| Infectious disease |  |  |  |
| Verbal abuse |  |  |  |
| Aggression |  |  |  |
| **Risk to self;** |  |  |  |
| Mental health condition  |  |  |  |
| Self-harm |  |  |  |
| Suicidal thoughts/tendency  |  |  |  |
| **Known diagnosis MH condition****(list)**  |  |  |  |
| **Learning Difficulties** **(ASD)**  |  |  |  |
| **Medication****(list)** |  |  |  |
| **Physical health** **(list)**  |  |  |  |
| **Risk to self;** |  |  |  |
| Emotional |  |  |  |
| Physical |  |  |  |
| Financial  |  |  |  |
| Sexual |  |  |  |