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| --- | --- | --- | --- |
| **EXAMPLE of completed risk assessment form** | | | |
| **Department** | xxxxx | | |
| **Name of assessor(s)** |  | **Date of OSCB/other training** |  |
| **Date of assessment** |  |
| **Describe/outline the activity that is under assessment:** | | | |
| **To distribute to all staff, students, volunteers involved in running the activity (list names)** | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Hazard**  *case and consequences* | **Affected Group**  *Who might be harmed, and how?* | **Level of risk**  *see matrix example* | **Existing Controls**  **(if any in place)**  *What are you already doing?* | **Further Action**  **(if necessary)**  *Do you need to do anything else to control the risk?* | **Action by** | | **Date completed** |
| **Who?** | **When?** |
| **Overnight supervision** | Participant (if abuse happens)  Activity provider (if unsubstantiated allegation made)  University (dealing with issue/reputational damage) | Medium | Activity providers who are supervising overnight always work in pairs | If between 2 and 6am there is opportunity for face-to-face contact this may be regulated activity and therefore DBS disclosure needed before activity  Consider contingencies, eg for staff absence | XXX to evaluate and arrange checks .  XX to review rotas | XX/XX/XX  XX/XX/XX |  |
| **Extended/regular contact therefore risk of close relationships developing** | Participant (if relationship is inappropriate)  Activity Provider (if allegations made)  University (reputational damage) | Medium | All activity providers required to read the guidance.  Activity paperwork gives all participants detail of who to contact in the event of concerns | All activity providers to complete Safeguarding training before activity commences  Review all planned activities to minimise 1:1 contact  Ensure pre-activity briefing reinforces guidance on social interaction/use of social media etc | XX to ensure training recorded.  XX to review activities and briefing | XX/XX/XX  XX/XX/XX |  |
| **Participant may report/disclose abuse at home/ elsewhere**  **Or**  **Activity provider may suspect that participant is suffering abuse at home/ elsewhere** | Participant and other family members.  Activity provider (distress, and wish to resolve the issue) | Medium | All activity providers to read guidance  All involved to be given contact details for safeguarding contacts | Pre-activity briefing for activity providers to be set up. Activity providers to be clearly advised in advance about the scope of their role (ie to refer, not resolve problems).  Consider arrangements to debrief/support activity providers who may be distressed. | XX to set up briefing  XX to make contingency plan | XX/XX/XX |  |
| **Inappropriate behaviour by activity providers is alleged or suspected** | Anyone involved in the activity  Anyone who might come into contact with that individual in other activities | Medium | All activity providers to read guidance  All involved to be given contact details for safeguarding contacts | All activity providers to be briefed on requirement to refer any allegations to the relevant University Safeguarding Officer *without delay so that it can be referred to the LADO within one working day* | XX to set up briefing | XX/XX/XX |  |