



Sporting Chance  
*Education Through Sport*

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**Educational Visits Policy**

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## **1. Introduction**

This policy should be used in planning all off-site, educational activities. The flow chart is designed to support our group leaders (attached in Appendix 1). All the necessary forms and documentation required are included in Appendix 2.

We define 'group leaders' as members of our staff team who take responsibility for the planning, risk assessment and leadership for off-site educational trips and activities.

Sporting Chance Newport CIC values the opportunity to provide young people with a range of experiences outside of the classroom and sports settings. We believe they add great value in teaching pupils how to manage risk, work co-operatively with others and problem solve.

Off-site activities can provide stimulating environments from which pupils can learn and grow.

Off-site educational and adventurous activities also offer a unique opportunity for staff and pupils to develop key emotional and social skills through thoroughly planned, well-structured and safe activities. They enhance positive relationships and we actively encourage staff and pupil's safe participation.

Designated managers (Head Teacher and Directors) are responsible for ensuring that staff are competent to act as a group leader and have completed all the necessary planning arrangements for a safe and enjoyable off-site activity. Group leaders are responsible for carrying out the risk assessment and planning prior to activity taking place. They are also responsible for the health and safety of their group during the activity. It is their role to use a dynamic risk assessment to inform decisions they take during the trip, visit or off-site activity. Group leaders of category C visits should complete an evaluation of the activity.

We provide training and guidance for group leaders. Our level 1 training and competency checks, permit staff to act as the group leader for category A activities. Level 2 training and competency checks, permit staff to lead category B and C activities. We consider activities with low-level risk as category A. These include trips such as trips in the local community, visits to local parks, museum visits etc. Category A trips do not require specialist skills, training or equipment and generally the environment does not pose a specific risk. Category B and C activities are higher risk activities such as canoeing, climbing, cycling and snowboarding. These activities usually present a specific risk due to the environment they take place in or the physical nature of the activity. For example, a riverside walk would be considered a cat B activity due the high risk nature of the environment, even though walking is usually a cat A activity. Staff cannot act as a group leader until they have been through the training and completed the competency checks.

## **2. AIMS:**

The aims of this policy are to provide guidance and direction on the planning, delivery and evaluation of safe purposeful and enjoyable off-site educational and adventurous activities.

To provide clear structures of accountability between authorising managers and group leaders.

To establish a clear and identifiable system of learning and development for all staff responsible for educational visits, and for assessing competencies of group leaders.

## **3. Policy Statements**

1. All off-site trips need to have a clear and identifiable group leader (GL)
2. Off-site activities can only be led by staff who have had the appropriate training and demonstrated competence. Category A activities can be led by staff with Level 1 supervisory skills training. Category B & C activities can only be led by staff with Supervisory Skill Level 2 training
3. Authorisation
  - a. Category A and B authorised by Head Teacher and Directors.
  - b. Category C activities can only be authorised by the Directors, but must be checked and signed off by the Head Teacher, prior to being submitted for final authorisation.
4. For all category B & C activities a planning file containing the following appropriately completed documents :-
  - a. The risk assessments
  - b. The relevant stay safe tool kit forms
  - c. Consent forms.
  - d. Evaluation form.
5. All the relevant documents/forms should be completed by the GL and presented to the relevant manager for authorisation at least 24 hours before the trip commences.
6. GLs should log all communications with parents, local authorities and other interested parties in the school.
7. GLs should follow the relevant flow charts in Appendix 1
8. GLs should ensure that adequate insurance cover is provided – category A activities will be covered by Sporting Chance Newport CIC Insurance, category B and C may need specific cover, and will need to be advised. See school Head Teacher Nicola Walker or the Directors Paul and Samantha Parry if clarification is required.
9. All Category B and C trips and activities should include completed evaluation forms.

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10. Staff do not have permission to sign disclaimer forms on behalf of parents/carers which are required by external providers.
11. To ensure the mode of transport is appropriate we have a transport policy.  
This outlines the routine checks for drivers and maintenance of school vehicles.  
It is the group leaders responsibility to ensure transport used by the group is checked and safe.

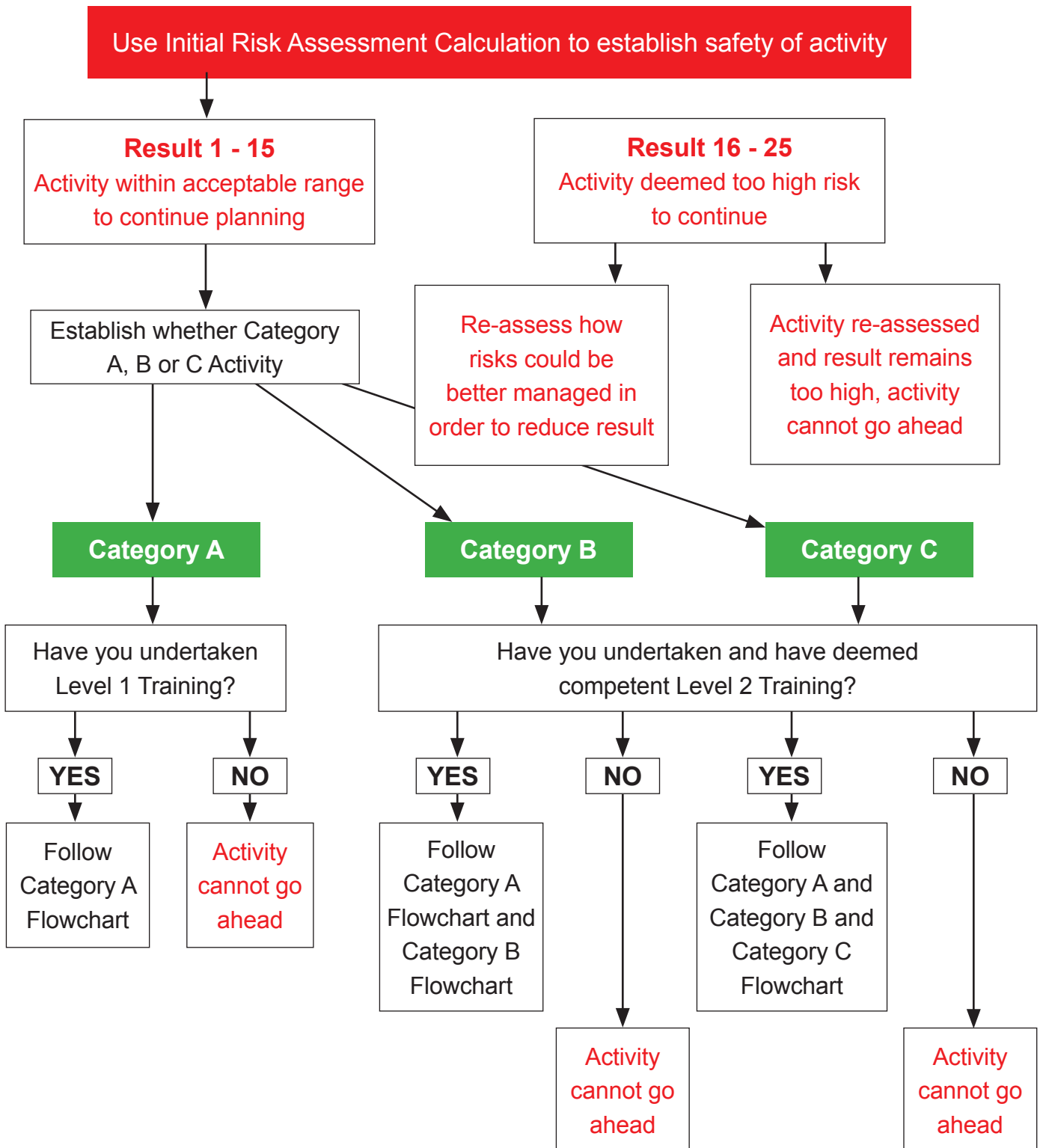
Other resources which can be referenced –

Welsh Government Education and Outdoor Learning – OEAP website  
(The Outdoor Education Advisors Panel)

This Policy works in line with 'Keeping Learners Safe' 2022

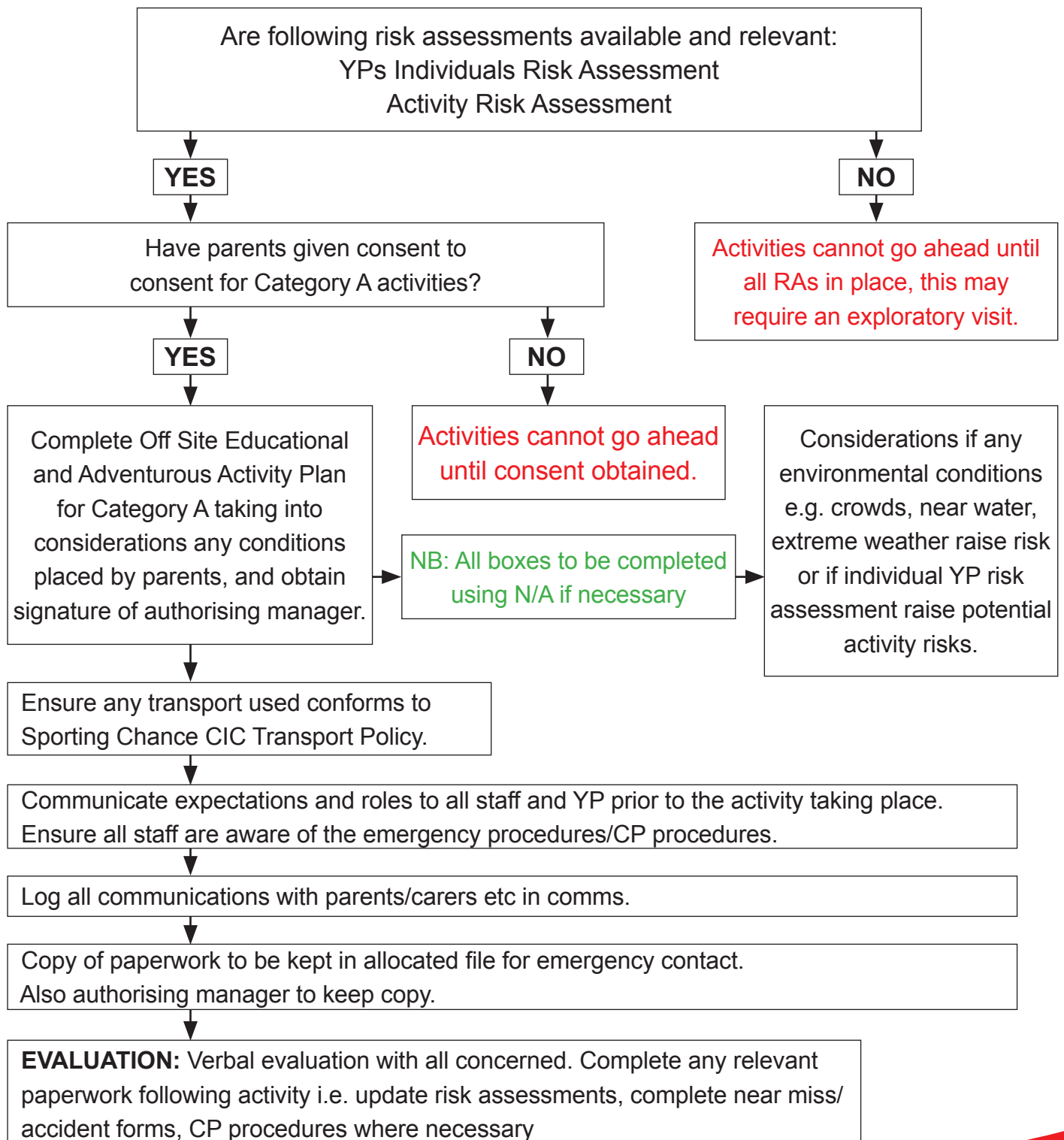
**4. Appendix 1**

**FLOWCHART 1  
OFF-SITE EDUCATIONAL AND ADVENTUROUS ACTIVITIES**

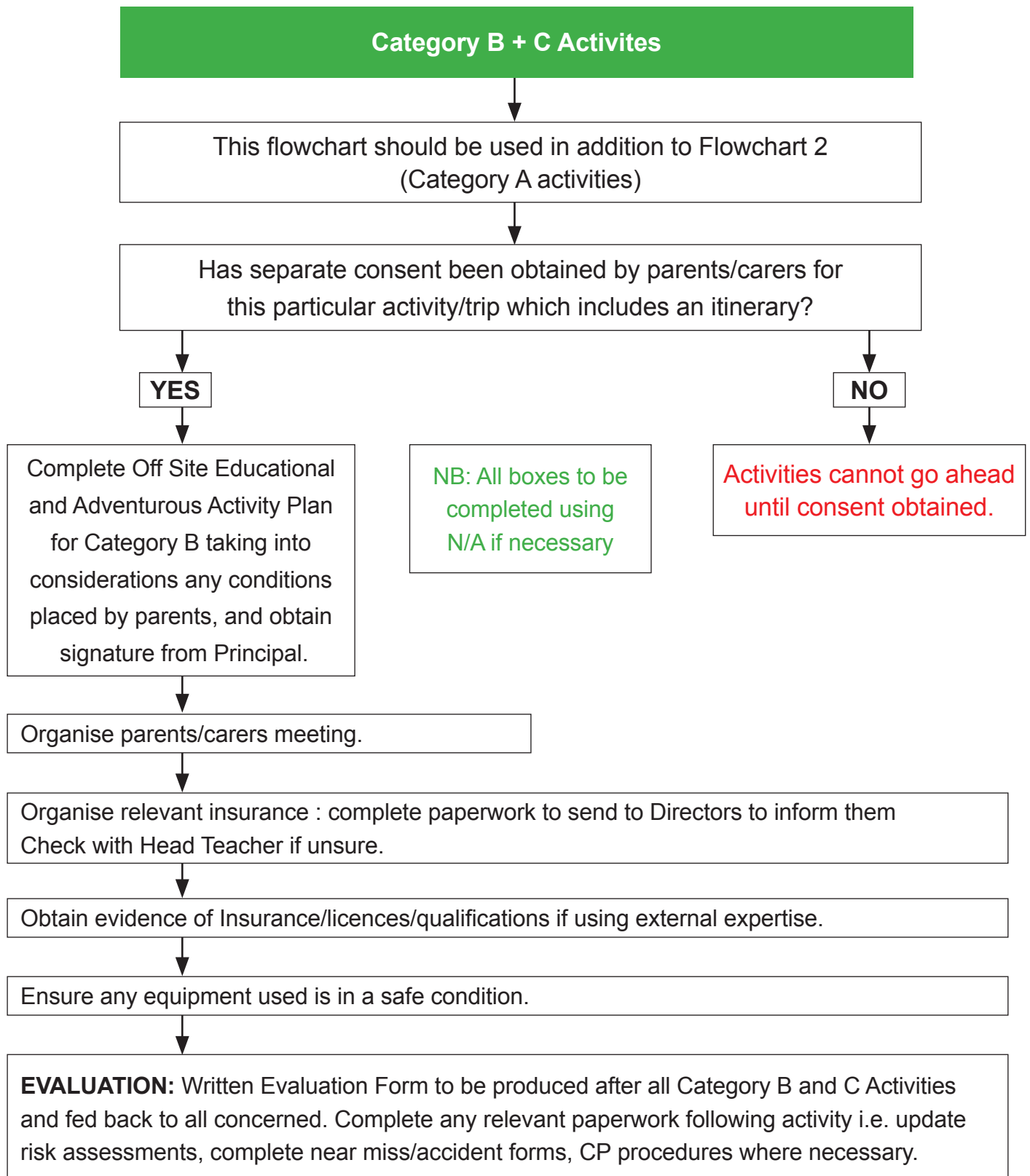


## FLOWCHART 2 PLANNING AND UNDERTAKING OFF-SITE EDUCATIONAL AND ADVENTUROUS ACTIVITIES

### Category A Activity



## FLOWCHART 3 OFF-SITE EDUCATIONAL AND ADVENTUROUS ACTIVITIES





**4. Appendix 2**

**AUTHORISED MANAGER'S CHECKLIST**

<b>Check Item</b>	<b>Yes</b>	<b>No</b>	<b>Remedial Action Needed</b>
<b>CATEGORY A Visits</b>			
Has member of staff undertaken training?			
Have Individual, Site and Activity Risk assessments been reviewed by leader?			
Have we received consent from parents for the pupils involved to undertake Cat A activities, is it in date (annual)?			
Has the Staysafe Tool kit Parts 1, 2, 3 been completed fully with information noted about parental conditions, medical issues etc.			
Are the transport arrangements appropriate?			
Is there a plan B?			
<b>Additional checks for CATEGORY B &amp; C Visits (Check Cat A visit boxes also)</b>			
Has Head Teacher signed authorisation sheet prior to submission?			
Has member of staff undertaken Cat B & C training and been deemed competent?			
Has separate consent using appropriate forms been obtained?			
Has an itinerary been given to parents/carers?			
Has a parents/carers meeting taken place?			
Is there evidence of relevant insurance information: Sporting Chance Newport CIC External Has information been sent to Head Teacher/Directors			
Is there evidence of external qualifications if appropriate?			
Has the appropriate Plan B & C been completed fully with information noted about parental conditions, medical issues etc?			
Is there evidence of assurances that equipment used is in a safe condition?			

**PLEASE REMIND STAFF TO COMPLETE AN EVALUATION FORM AND SHARE THE FINDINGS FOLLOWING THE TRIP/ACTIVITY**

**Stay safe Toolkit Form 1:  
Sporting Chance Newport CIC Trips & Activities Record**

**Part One: Information about the proposed trip or activity**

The Sporting Chance Newport CIC Group leader should complete this form as part of the planning and preparation process for undertaking the proposed trip or activity. They may have discussions with the authorising manager or their own line manager as part of the completion process.

This Record is designed to capture all relevant information about the trip or activity in one place. However, a separate risk assessment form should be completed, and individual consent forms obtained for all participants. In addition a separate Insurance Form should be completed as necessary.

When approval is given, one copy of the whole Record should be retained by the authorising manager and another by the group leader. The authorising manager should be informed of any subsequent changes in planning, organisation, staffing or participants.

(NB. Not all sections of the Record will be relevant to every proposed activity.)

<b>School</b>	Sporting Chance Newport CIC
<b>Sporting Chance Newport CIC Group Leader:</b>	

<b>TO BE COMPLETED FOR ALL ACTIVITIES:</b>					
<b>1.</b>	Category of proposed trip or activity:				
	<b>Category A</b>		<b>Category B</b>		<b>Category C</b>
<b>2.</b>	Purpose of trip or activity and specific objectives:				
<b>3.</b>	Details of the programme of activities:				
<b>4.</b>	Places to be visited:				
<b>5.</b>	Existing knowledge of places to be visited and whether an exploratory visit is intended:				
<b>6.</b>	Date of Departure:			Date of Return:	
<b>7.</b>	Anticipated size and composition of the group: (NB. A list of all participants and an emergency contact name and telephone number for them must be recorded separately and made available to the authorising manager if requested.)				
	Age range:				

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	Number of boys:		Number of girls:	
	Adult/participant ratio:		Leader/participant ratio:	
<b>8.</b>	Names, relevant experience, qualifications and specific responsibilities of staff accompanying the party:			
<b>9.</b>	Names, relevant experience, qualifications and specific responsibilities of other adults accompanying the party:			
<b>10.</b>	Transport arrangements: include the name of transport company and vehicle registration number(s):			
<b>11.</b>	Proposed cost and financial arrangements:			
<b>12.</b>	Information about whether consent forms have been completed and signed (parental consent may precede or follow approval):			

### **TO BE COMPLETED FOR ALL CATEGORY B & C ACTIVITIES:**

<b>13.</b>	Details of any hazardous activity and the associated planning, organisation and staffing:		
<b>14.</b>	If the Trip or Activity is to include any residential stays (if none to be used – state none) provide:		
	Name & Details of accommodation:		
	Address:		
	Telephone number:		
	Name of head of centre (if available):		
<b>15.</b>	Insurance arrangements for all members of the proposed party, including voluntary helpers (include the name of the insurance company):		
	Sporting Chance Newport CIC Insurance cover: date form sent to Directors.		
	Personal Accident insurance cover: date form sent to Directors.		

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**TO BE COMPLETED FOR ALL CATEGORY C ACTIVITIES:**

**16.** If the Trip or Activity is to include activities covered by Adventure Activities Licensing regulations (if none to be used – state none) provide:

Details of activity:	
Name of provider:	
Address:	
Telephone no:	
Licence No. if registered:	

The Sporting Chance Newport CIC Group Leader sends a copy of the information sheet sent to parents and the completed risk assessment form with this completed Part One Record,

Sporting Chance Newport CIC Group Leader

Full Name:

Date:

Signed : .....

## Sporting Chance Newport CIC Trips & Activities Record

### Part Two: Emergency Contact Information – To be completed for all Category B & C Activities

The Sporting Chance Newport CIC Group leader should complete this form as part of the planning and preparation process for undertaking the proposed trip or activity. A copy must be held by the Contact Person at all times during the trip or activity.

1.	School	Sporting Chance Newport CIC:
2.	Sporting Chance Group Leader:	
3.	Contact Telephone Number (during trip):	
4.	Contact Mobile Telephone Number (during trip):	
5.	Date of Departure:	Time of Departure:
6.	Date of Return:	Time of Return:
7.	Group Total Number of Adults:	Group Total Number of children/young people:
NB. The Sporting Chance Newport CIC Group Leader must ensure that the Contact Person has a list of all participants and an emergency contact name and telephone number for each of them		
8.	If the Group have used the services of a Travel Company (if none used – state none) include their details:	
	Name:	
	Address:	
	Telephone Number:	
	Fax Number:	
	Name of Rep:	
	Telephone Number:	
	Fax Number:	
9.	If the Group have taken out Insurance or Emergency Assistance (if none used – state none) include the details:	
	Name:	
	Address:	
	Telephone Number:	
	Fax Number:	

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<b>10.</b>	If the Group are staying in any residential accommodation (eg. Hotel, Hostel, Residential Centre, or Campsite) (if none used – state none) include the details:	
	Name:	
	Address:	
	Telephone Number:	
	Fax Number:	
	Name of Manager: (if known)	
	Telephone Number:	
<b>11.</b>	Sporting Chance Newport CIC internal Emergency Contacts (Daytime/during Project/School hours)	
	Name of Manager:	
	Telephone Number:	
	Name of alternative Manager:	
<b>12.</b>	Sporting Chance Newport CIC internal Emergency Contacts (Evenings, Weekends/out of Project/School hours)	
	Name of Manager:	
	Telephone Number:	
	Name of alternative Manager:	
	Sporting Chance Newport CIC internal Emergency Contacts (Evenings, Weekends/out of Project/School hours)	
	Name of Manager:	
	Telephone Number:	
	Name of alternative Manager:	
	Sporting Chance Newport CIC internal Emergency Contacts (Evenings, Weekends/out of Project/School hours)	
	Name of Manager:	
	Telephone Number:	
	Name of alternative Manager:	

**Sporting Chance Newport CIC Trips & Activities Record**

**Part Three: Authorisation – To be completed for all Activities**

The Headteacher/Directors complete this part of the Record before the trip or activity takes place.

A copy of the completed Record and details of any subsequent changes must be retained by the authorising manager.

<b>1.</b>	<p>I have studied this application and am satisfied with all aspects including the planning, organisation and staffing of this activity. I am satisfied that it meets the criteria for the indicated category of activity:</p> <p>Category A:                      Category B:                      Category C:</p> <p>Head Teacher/Director full name:</p> <p>Date:</p> <p>Signed.....</p> <p>(NB. For Category B &amp; C Activities the Group Leader must forward the whole Record to the Head Teacher/Directors.)</p>
<b>2.</b>	<p>I have studied this application and am satisfied with all aspects including the planning, organisation and staffing of this activity. I am satisfied that it meets the criteria for the indicated category of activity:</p> <p>Category B:                      Category C:</p> <p>Head Teacher/Director full name:</p> <p>Signed.....                      Date:</p>

## Sporting Chance Newport CIC Trips & Activities Record

### Part Four - Evaluation of the Trip or Activity

The Sporting Chance Newport CIC Group Leader completes this Part of the Trip & Activity Record after it has been completed. The information is used to gather learning from the experience and help to plan future trips and activities. The Sporting Chance Newport CIC Group Leader must forward it to the Head Teacher/Directors

<b>TO BE COMPLETED FOR ALL ACTIVITIES:</b>			
<b>1.</b>	<b>School</b>	<b>Sporting Chance Newport CIC:</b>	
<b>2.</b>	Sporting Chance Newport CIC Group Leader:		
<b>3.</b>	Actual size and composition of the group:		
	Age range:		
	Number of boys:	Number of girls:	
	Adult/participant ratio:	Leader/participant ratio:	
<b>4.</b>	Actual Date of Departure:	Actual Date of Return:	
<b>5.</b>	Purpose of trip or activity and specific objectives:		
<b>6.</b>	Comment on how successfully the objectives were met:		
<b>7.</b>	Other comments and evaluation including 'near misses' not involving injury or damage:		

<b>TO BE COMPLETED FOR ALL CATEGORY B &amp; C ACTIVITIES:</b>			
<b>8.</b>	Venue for trip or activity:		
<b>9.</b>	Name of commercial organisation or local authority providing activity (if used):		
	If used, complete the following information:		
		Rating out of 10	Comment
	The Centre's pre-visit organisation		
	Travel arrangements		
	Content of programme provided		
	Instruction		



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	Equipment		
	Suitability of environment		
	Accommodation		
	Food		
	Evening Activities		
	Courier/Representative		

The Sporting Chance Newport CIC Group Leader sends a copy of the completed Part Four Record to the Head Teacher/Directors.

Sporting Chance Newport CIC Group Leader

Full Name:

Date:

Signed : .....

**Staysafe Toolkit Form 2:  
Category A Activity Parental Consent Form**

This Form may be used to obtain parental consent on an annual basis for Category A activities. Sporting Chance Newport CIC defines Category A activities as those which are low risk and routine. Examples of such activities include: trips to parks, monuments, museums etc; walking in non-remote country on marked paths; trips to shopping centres; public sports facilities; swimming in supervised public swimming pools.

An outline programme of activities that are likely to be undertaken in the forthcoming year must accompany this form.

Annual Consent to participate in Category A Activities from                      until                      .

As parent/carer of                      I have read, fully understood and am satisfied with the details supplied about the outline programme of activities that are likely to be undertaken in the forthcoming year and agree to my son/daughter taking part in it/them. I understand that if I do not want my son/daughter to participate in a particular activity I must inform the project/school in writing in advance.

Please tick as appropriate:

I know of no medical reason why s/he should not participate in these activities.

My son/daughter has the following medical / health condition(s) which should not   
prevent them participating but which Sporting Chance Newport CIC staff need to be aware of:

.....  
.....

My son/daughter has the following medical / health condition(s) which may prevent   
them participating and which Sporting Chance Newport CIC staff need to be aware of:

.....  
.....

I agree to my son/daughter participating in swimming activities in supervised public   
swimming pools. His/her swimming ability is Beginner / Intermediate / Good / Proficient  
(please delete as appropriate).

I am aware that Sporting Chance Newport CIC only provides cover against proven or agreed  
negligence by the organisation and its employees and that I should consider making my own  
insurance arrangements for personal accident cover for my son/daughter.

Signed:

Date:

**Staysafe Toolkit Form 4:  
Categories B & C Activities Parental Consent Form**

This Form may be distributed with an information sheet giving full details of the trip or activity to obtain parental consent for Category B & C activities. Sporting Chance Newport CIC defines such activities as:

**Category B:**

Higher risk  
Higher profile  
No additional qualifications required  
Sporting Chance Newport CIC Group Leaders need to familiarise themselves in advance &/or undertake preparation visit

**Examples:**

Walking in non-remote country  
Camping  
Residential stays, including in hotels  
Cycling on roads or non-remote off-road terrain  
Low level initiative challenges  
Swimming in supervised non-public swimming pools

**Category C:**

Very high risk  
Specific qualifications required  
Activities covered by Adventure Activities Licensing regulations

**Examples:**

Walking in remote country  
Adventurous activities (eg. climbing, caving, snowsports)  
Cycling on remote off-road terrain  
Activities in or on water, other than swimming in supervised swimming pools

**The completed Form or a copy of it must be taken by the Sporting Chance Group Leader on the trip / activity. A copy must be retained by the Contact Person.**

**CHILD / YOUNG PERSON'S INFORMATION:**

Name of child / young person:	
Child / young person's date of birth:	
Child / young person's Home Address:	

**TRIP / ACTIVITY INFORMATION:**

<b>School:</b>	Sporting Chance Newport CIC	
Details of trip or activity:		
Proposed activities to include:		
Dates of trip or activity:	From:	To:

**HEALTH / MEDICAL INFORMATION:**

Please tick the box for each of the following statements that apply to your son/daughter. If necessary please provide extra information:

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	<b>Tick all statements that apply</b>
I am not aware of any medical / health condition that would prevent them participating in the proposed activity.	
My son/daughter has the following medical / health condition(s) which should not prevent them participating, but which Sporting Chance Newport CIC staff need to be aware of: ..... .....	
My son/daughter has the following medical / health condition(s) which may prevent them participating in some or all of the proposed activities and which Sporting Chance Newport CIC staff need to be aware of: ..... .....	
My son/daughter is allergic to the following medication: ..... .....	
My son/daughter has the following special dietary requirements: ..... .....	
My son/daughter may be given pain / flu relief as described below: ..... .....	
To the best of my knowledge, my son/daughter has not been in contact with any contagious or infectious diseases or illnesses in the last four weeks.	
My son/daughter has been in contact with a contagious or infectious disease or illness within the last four weeks, as described below: ..... .....	
My son / daughter is up to date with their childhood course of tetanus injections (ie. 2 months; 3 months; 4 months; 3 years; 13 years). Please give date of most recent injection. .....	
In the case of an emergency or sudden illness I agree to my son/daughter receiving medication and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary and instructed by the medical authorities present.	

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**SWIMMING INFORMATION:**

Please complete this section where the proposed activities include swimming or water activities anywhere other than in supervised public swimming pools. Please tick the 'yes' or 'no' box for each of the following statements as appropriate. Completing this section does not remove the need for the Sporting Chance Newport CIC Group Leader or those supervising the party to ascertain for themselves the level of the child or young person's swimming ability.

	YES	No
My son / daughter is able to swim 50 metres		
My son / daughter is 'water confident' in a pool		
My son /daughter is confident in the sea or in inland open water		
My son /daughter needs one to one supervision		
My son /daughter is safety conscious in water		

**CHILD / YOUNG PERSON'S INFORMATION:**

Parent/Carers Home Phone Number	
Parent/Carers Work Phone Number	
Parent/Carers Mobile Phone Number	
Parent/ Carers Home Address	
Alternative Contact's Name (in case of emergency)	
Alternative Contact's Phone Number	
Alternative Contact's Address	
Child/Young Person's GP	
Child/Young Person's GP's Phone Number	
Child/Young Person's GP's Address	

**DECLARATION:**

As parent/carer of \_\_\_\_\_ I have read, fully understood and am satisfied with the details supplied about the trip or activity and agree to my son/daughter taking part in it. I understand that he/she will need to behave responsibly at all times.

I will inform the Sporting Chance Newport CIC Group Leader as soon as possible of any changes in the medical or other circumstances between now and the commencement of the journey.

I understand the extent and limitations of the insurance cover provided.

Parent /Carers Full name:

Signed:

Date:

**Staysafe Toolkit Form 6:  
Trips & Activities Insurance Form**

Please complete this form only if the Trip or Activity involves travel outside of the UK, or concerns any Category C activity (eg. climbing, caving, snowsports, boats/watersports). Complete all sections as necessary, and enter “not applicable” where sections don’t apply:

**TRIP / ACTIVITY INFORMATION:**

School:	Sporting Chance Newport CIC		
Name of Sporting Chance Group Newport CIC Leader:			
Sporting Chance Newport CIC Group Leader’s Phone Number:			
Name of Contact Person:			
Contact Person’s Phone Number:			
Details of trip or activity:			
Dates of trip or activity:	From:	To:	
Proposed activities to include:			
Dates of any hazardous activities:			
Numbers of participants:	Under 18s:	Over 18s:	
Numbers of supervising adults:			
Is Personal Accident cover required for all participants and supervising adults?:	Yes	No	

**TRAVEL INFORMATION:**

Method of travel:			
All countries to be visited, including those that may be travelled through en route:			
Outward journey details where public transport to be included:	Air	Ferry	Train
Departure Airport / Ferry Terminal / Train Station:			
Date and time of departure:	Date:	Time:	
Arrival Airport / Ferry Terminal / Train Station:			
Name of Airline / Ferry Operator / Train Company & Flight Number etc:	Name:	Number:	

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Return journey details where public transport to be included:	Air	Ferry	Train
Departure Airport / Ferry Terminal / Train Station:			
Date and time of departure:	Date:	Time:	
Arrival Airport / Ferry Terminal / Train Station:			
Name of Airline / Ferry Operator / Train Company & Flight Number etc:	Name:	Number:	

NB. Where multiple journeys may be made or where more than one flight / ferry / train is to be used, please continue on a separate piece of paper and attach to this Form. If separate sheets are attached, please tick this box

The Sporting Chance Newport CIC Group Leader sends the completed Form to:

Nicola Walker, Head Teacher, Sporting Chance, Unit 2, Usk Way, Newport, NP20 2HZ

A copy must be retained by the Sporting Chance Newport CIC Group Leader.

Sporting Chance Newport CIC Group Leader

Full Name:

Date:

Signed : .....

**FOR COMPLETION BY THE SPORTING CHANCE NEWPORT CIC INSURANCE DEPARTMENT:**

Notes:	
Personal Accident Cover Premium calculation:	
Travel Insurance Premium calculation:	

## Appendix 2: Health Safety Risk Assessment Form

### Section 1

Description of activity or area being assessed: Specific location on the site (if applicable) This risk assessment is relevant in and out of school hours	Workplace Name: Sporting Chance Newport CIC																																																		
	Address: Sporting Chance, Unit 2, Usk Way, Newport Postcode: NP20 2HZ																																																		
Assessment No. ( Elsie code / sequential number):	Type of Premises / Project: =																																																		
Date Completed:	Proposed Review date:																																																		
<b>RISK MATRIX</b>  <table style="margin-left: 20px; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px; background-color: #28a745; margin-right: 5px;"></td> <td style="font-size: 10px;">Low Risk</td> <td style="width: 20px; height: 20px; background-color: #8b4513; margin-right: 5px;"></td> <td style="font-size: 10px;">Medium Risk</td> <td style="width: 20px; height: 20px; background-color: #dc3545; margin-right: 5px;"></td> <td style="font-size: 10px;">High Risk</td> </tr> </table>		Low Risk		Medium Risk		High Risk	This document should be reviewed at least annually; following any major changes and immediately after an accident or near miss occurrence, whichever occurs first																																												
	Low Risk		Medium Risk		High Risk																																														
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## Risk Assessment Form

### Section 2

	<b>Identification of Hazards:</b> <b>What are the hazards associated with this activity and how could people be harmed?</b> Use the following headings, as applicable, to systematically assess workplace areas, tasks and activities: People. Equipment. Materials. Environment.	<b>Who is at Risk?</b> <b>Employees (give job title), Contractors, Visitors, Service Users, Agency staff Others</b>	<b>Risk Control Measures Already in Place:</b>	<b>Risk Rating:</b> Insert number score using matrix taking into account current controls	<b>Recommendations for Further Risk Control Measures:</b> (Insert any additional controls identified into the action plan in section 3)	<b>Date New Risk Control Measures in Place:</b>	<b>Revised Risk Rating:</b> Insert number score using matrix

## Risk Assessment - Additional Controls Action Plan

### Section 3

	<b>Action Required ( from Section 2 recommendations above)</b>	<b>Who is responsible for taking this action?</b> Name Job Title	<b>What additional resources are required?</b> How might they be sourced?	<b>What is the timescale for completion?</b> Immediate < 1 week Short term 1 - 3 months Medium term 3 - 6 months Long term 6 - 12 months	<b>Date Complete</b>	<b>Workplace Manager Sign off:</b>
1						
2						
3						
4						
5						
6						
7						

Residual Risk – use the risk matrix and the current risk reduction controls in place to calculate the residual risk

Severity score:	Likelihood score:	Residual Risk score:
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I accept and endorse this risk assessment as being suitable and sufficient and agree with the actions and control measures given.

Name:	Additional Comments
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