

Student Risk Assessment Form

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| Student name: |
| Course: |
| Date of completing this form : |

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| | For office use only |
| 1: PHYSICAL HEALTH | Risk level H M L |
| Nothing to disclose or nothing I wish to disclose <input type="checkbox"/> If ticked, go to next section | |
| Who is at risk? (self/others (specify if appropriate)) | |
| At risk of what? | |
| Why? | |
| Frequency: constant/daily/weekly/monthly/less Now/potential | |
| What in your experience can be done to lessen risk? | |

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| | For office use only |
| 2: MENTAL HEALTH | Risk level H M L |
| Nothing to disclose or nothing I wish to disclose <input type="checkbox"/> If ticked, go to next section | |
| Who is at risk? (self/others (specify if appropriate)) | |
| Why? | |
| Frequency: constant/daily/weekly/monthly/less Now/potential | |
| What can be done to lessen risk? | |

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| 3: SOCIAL INTERACTION (may include former alcohol use, shyness, set routines or habits) | Risk level H M L |
| | |
| Nothing to disclose or nothing I wish to disclose <input type="checkbox"/> If ticked, go to next section | |
| Who is at risk? (self/others (specify if appropriate)) | |
| At risk of what? | |
| Why? | |
| Frequency: constant/daily/weekly/monthly/less Now/potential | |
| What can be done to lessen risk? | |

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| 4: ISSUES IN THE BUILDING AND IN OWN ROOM IF APPLICABLE (e.g. prefer ground floor room or quiet room) | Risk level H M L |
| | |
| Nothing to disclose or nothing I wish to disclose <input type="checkbox"/> | |
| Who is at risk? (self/others (specify if appropriate)) | |
| At risk of what? | |
| Why? | |
| Frequency: constant/daily/weekly/monthly/less current/potential | |
| What can be done to lessen risk? | |
| Signed (Student) | Date of next review (normally annually, but termly for high risk) |

| FOR OFFICE USE ONLY | |
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| 5: Any other factors or action required? (e.g. Are there any external people who need to be informed of any risk factors and how can they help mitigate the risk?) | |
| | |
| Name..... | |
| Signature..... | |
| Date..... | |
| Date of next review (normally annually, but termly for high risk) | |

Hand to the Academic Registry by the end of Induction Week.
Please complete and return this form today. If you need help with completing it, please see Hannah Jones or Lizzie Ledger