CAS Project Risk Assessment Form
AHS

During a CAS experience, participants may be exposed to risks and it is important that these risks are identified and assessed.

This form is to be completed when a student undertakes a CAS experience that poses some sort of risk.

Name of Experience: _____

Organization running the activity (if applicable): _____

Supervisor's Name: _____

Supervisor's Contact Information: _____

What duties/activities will you be expected to carry out?

Is the supervisor known to your family, parents, and/or school? ☐Yes ☐ No

Does the organization (if applicable) have Liability Insurance? ☐Yes ☐ No

Will you be attending this activity on your own? ☐Yes ☐ No

If you answered "Yes" then have you discussed with your parent(s) a plan of action should you feel at all uncomfortable during your experience? ☐Yes ☐ No

In the event of an emergency:

- Have an emergency contact number to call
- Ensure your supervisor has emergency contact details

Record a method of dealing with any potential risks that you may face while participating in this experience:

Potential Hazards/Risks	Treatment/Avoidance
e.g. Falling from a ladder while building	Ensure someone is holding the ladder at all times & check stability of ladder & suitability of the task. Suggest alternative task if considered dangerous.

Supervisor to complete:

I agree that the information I have provided is correct and that I will follow the procedures outlined above:

_____ _____ _____
Supervisor's Name Signature Date

Parent to complete:
I agree to _____ (student's name) attending the above experience and I am satisfied with the risk assessment performed on this activity.

_____ _____ _____
Parent's Name Signature Date

CAS Coordinator to complete:

I am satisfied with the above risk assessment and approve this CAS experience

I have some concerns with the details you have provided on this form. Please schedule a meeting to discuss

_____ _____ _____
Coordinator's Name Signature Date