

Multi Horizons Contact Centre – RISK ASSESSMENT

Please fill this form for yourself only, regarding any issues relating to you

Date of referral:

Family Name:

Please complete the form below, filling in the box with either a **X or **✓****

Please ensure that any **✓'s are detailed overleaf**

	Historical	Current	Included in risk assessment
Safeguarding children			
Domestic Abuse			
Actual or potential levels of conflict/hostility/anger between adults			
Alcohol abuse			
Drug/substance misuse			
Mental health issues			
Cultural issues			
Religious issues			
Medical condition adult/child			
Physical impairments adult/child			
Learning difficulties adult/child			
Parenting skills			
Community Contact			
Risk of abduction			
Parental alienation			

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Assessment Date: _____

Who/What is being assessed: _____

Hazard identified	Information provided by	Control measure

Risk assessment completed by: Name _____

Signature: _____

Date: _____