**Visit Specific Risk Assessment**

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| **Title/Venue:** Enter details | **Departure date:** Select a date | **Visit wholly within school hours?:** Yes/No |
| **Visit Leader:** Enter name | **Number of adults (incl. leader):** Number | **Number of young people:** Number |

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| **Section of****Visit** | **Significant and Foreseeable Hazards** | **Initial** **risk rating** | **Who is at risk?** | **Appropriate Control Measures** | **Result risk****rating** |
| **Getting to venue** | Enter details | Rating | Who? | Enter details | Rating |
| **Safeguarding / Supervision** | Enter details | Rating | Who? | Enter details | Rating |
| **Incident / Illness** | Enter details | Rating | Who? | Enter details | Rating |
| **Environment / Weather** | Enter details | Rating | Who? | Enter details | Rating |
| **Venue / Provider / Site** | Enter details | Rating | Who? | Enter details | Rating |
| **Activity Arrangements** | Enter details | Rating | Who? | Enter details | Rating |
| **The Group**(medical/anxieties/behaviour) | Enter details | Rating | Who? | Enter details | Rating |

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| **What is your plan ’B’ and any other relevant contingency information?**Enter details |

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| **Additional information:**Enter details |

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| **Ongoing risk assessment – the most essential element:** 1. **Apply** the control measures - 2. **Monitor** their effectiveness - 3. **Amend** & **adapt** as required |
| **Risk assessment completed by:** Enter name**Date:** Select a date | **All staff will be appropriately experienced and qualified to competently fulfil their leadership roles and responsibilities.****This risk assessment will be shared with the relevant adults on the visit.** | [ ] [ ]  |