**DERBY CITY OUT OF SCHOOL RISK ASSESSMENT FOR PART-TIME TIMETABLE**

**Please use this form to assess any potential risk(s) around the student when not in school during school hours.**

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| **Describe the concerns outside of school:**  |
| **Has this been observed or reported? By whom? When?****Who is placed at risk?** |

**Pupil: DOB: School: Year Group:**

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| 1. **Identification of risk**
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PLEASE COPY, PASTE AND COMPLETE A SEPARATE SECTION 2 IF THERE IS MORE THAN ONE SEPARATE RISK

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| 1. **ASSESSMENT OF RISK**
 | 1. **RISK REDUCTION**
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| **What is the risk?** |  | **Proactive interventions to reduce/prevent risk*** *What? Who? How? When?*
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| **How likely is it that the risk will arise?***(please circle)* | **Very likely** | **Likely** | **Unlikely** |
| **If the risk arises who is likely to be injured/hurt?** |  | **Is there anything that needs to be put in place around risk before the Part-time Timetable can start?** |  |

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| **Do all parties agree that any risks outside of school outlined above can be safely mitigated? Y / N****Please list everyone involved in this decision and their roles****Date:** |

**Signature of parent/carer**

**Signature of designated school representative:**

 **Signature of Headteacher:**