**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.**

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

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| 1. **Identification of Risk** |

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

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** | |
| **What is the risk?** |  | | | **Proactive interventions to reduce/prevent risk**   * *What? Who? How? When?* |  |
| **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:**