**Children’s Services**

**Young Carer risk assessment form**

|  |  |
| --- | --- |
| **Activity Sign off** |  |
| **Name** |  |
| **Date** |  |
| **Activity** |  |
| **Signature** |  |

| **Activity posing a risk/hazard** | **Who could be affected?** | **What are the risks?** | **What control measures are in place to reduce the risk?** | **Risk level**  **(H/M/L)** | **Person responsible for managing concerns** | **Date completed** |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |