

Sample Risk Assessment Form

Description of activity/event:

Location: _____

Date(s): _____

Organizer: _____

Contact Details: _____

Child Safeguarding Coordinator: _____

Contact Details: _____

Lead Manager: _____

Sign-Off: _____

Date: _____

National Director or Child Safeguarding Focal Point (e.g., Child Safeguarding Advisor):

Sign-off: _____

Date: _____