**Local Events Risk Assessment**

This risk assessment is for groups engaging in in-person activity or events.

**Part 1: Event info**

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| --- | --- |
| Event Name |  |
| Brief description including event purpose |  |
| Location including name of building or area |  |
| Date |  |
| Time |  |
| Numbers attending * Group members
* Public
* Volunteers
* Children
* Special Needs
 |  |
| Event Lead Name |  |
| Contact details (phone and email) |  |

**Part 2: Pre-Activity Checklist**

|  |  |  |
| --- | --- | --- |
| **Checklist** | **Yes/No/NA** | **Additional actions and notes** |
| Attendee contact details (name, address, email and phone number) collected pre-event |  |  |
| Attendees told not to attend if unwell ahead of event |  |  |
| Sign-up sheet provided on arrival for those arriving on the day  |  |  |
| **Safeguarding (if you would like further advice on this please contact us)** |  |  |
| Does your event involve children or vulnerable adults? (If the answer is yes then please consider the following points) |  |  |
| Who in the group will act as a safeguarding lead for the group? |  |  |
| How will you ensure that nobody is left on their own with a child or vulnerable adult? |  |  |
| Do you have a plan for finding a lost child procedure in place? |  |  |

**If you require further advice regarding these questions please contact** **community@foe.co.uk**

**Part 3: Group Risk Assessment**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Risk** (Describe the nature of the risk and who is most vulnerable) | **Risk level (High, Medium, Low)** (Based on the nature of the risk and its likelihood mark the level of the risk) | **Mitigations** (Describe theactions being taken to mitigate against this risk) | **Who needs to carry out the action?** | **When is the action needed by?** | **Action completed Y/N** | **What further action do you need to take to control the risks?** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Signature of group coordinator:**

**Date:**