

# St. Anne's Community Services

## THIRD PARTY RISK ASSESSMENT

**This Assessment is intended to identify possible risks to the client, their neighbours, staff and other individuals who may come into contact with them, as well as ways to minimise those risks. Information received will not necessarily prejudice the client's application. It is however of primary importance that the information offered is as complete and accurate as possible to ensure the safety of all concerned.**

Please return this form to

*Sender to enter all contact details of service*



|                    |   |                      |
|--------------------|---|----------------------|
| Name of applicant: | D.O.B:  | Date of Application: |
| Contact Name:      | Address:  |                      |
| (a)                | Is the applicant verbally aggressive or do they demonstrate verbal behaviour which could be perceived as aggressive by others, e.g. racial or sexual comments, swearing, shouting etc?<br><br>YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, please give more details:  |                      |
| (b)                | Is the applicant physically aggressive or do they demonstrate physical behaviour which could be perceived as aggressive by others, e.g. physical or sexual assault, or other offences against adults or children, invasion of space, gestures, pushing etc?<br><br>YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, please give more details: |                      |

(c) Is the applicant physically aggressive towards their environment? (Include in this any damage to furniture, kicking walls, etc)

YES  NO   
more details:

If YES, please give

(d) Does the applicant have a history of self-harm, para-suicide or attempted suicide? (include any eating disorders)

YES  NO   
more details:

If YES, please give

(e) Does the applicant's alcohol or drug use present any risks? Has the applicant been admitted to hospital or used other residential or detox facilities in this respect?

YES  NO   
more details:

If YES, please give

(f) Does the applicant present any fire risks? (include in this health and safety issues, i.e. leaving cooker on, smoking in bed etc, as well as arson)

YES  NO   
more details:

If YES, please give

(g) Has the applicant had any criminal conviction or been arrested in relation to any of the above, even if this has not led to a conviction? (Include details of sentencing)

YES  NO   
more details:

If YES, please give

(h) Is the applicant subject to a probation order or supervision licence?

YES  NO   
more details:

If YES, please give

(i) Has there ever been any effective intervention in relation to the applicant's behaviour and are there any other resources or services which could further improve the situation?

YES  NO   
more details:

If YES, please give

(j) Is the applicant's behaviour influenced by peer groups, family or any other networks? (Positively or negatively)

YES  NO   
more details:

If YES, please give

(k) Is the applicant co-operative in addressing any of the risks identified on this form?

YES  NO   
more details:

If YES, please give

(l) Will the applicant experience difficulties coping with the challenges of a shared or self-contained property with its attendant expectations, boundaries and restraints?

YES  NO   
more details:

If YES, please give

(m) Have any identified risks been evident in the applicant's past accommodation?

YES  NO   
more details:

If YES, please give

(n) Does the applicant find unstructured time or isolation a factor in relation to any identified risks?

YES  NO   
more details:

If YES, please give

(o) Is there any further information you can offer which may assist in risk reduction with this applicant? Please consider such things as signs or circumstances of when risk related behaviour might occur; any known triggers; how the risks may be managed; how effective this management is; are there any resources that may be used to assist in risk reduction etc.

Do you agree to allow this information to be passed on to your client if they request it? Yes/ No.

If Yes do you agree that your client should know that you provided the information? Yes/No.

Signature:

Date:

Name:

Position:

Agency Name and Address:

Thank you for your help.

Please return this form in an envelope marked **Private and Confidential** to the worker identified in the contact details at the beginning of this form.

**FOR OFFICE USE ONLY**  
**Additional third party information**

This section is to be used only if particular concerns are identified, but not satisfactorily resolved in the 1<sup>st</sup> and 3<sup>rd</sup> party risk assessment forms, or further information is required.

|                |                 |
|----------------|-----------------|
| <b>Name:</b>   | <b>Date:</b>    |
| <b>Agency:</b> | <b>Tel Nos:</b> |
| <b>Name:</b>   | <b>Date:</b>    |
| <b>Agency:</b> | <b>Tel Nos:</b> |
| <b>Name:</b>   | <b>Date:</b>    |
| <b>Agency:</b> | <b>Tel Nos:</b> |