

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.

Return Instructions:

Please return both **Referral Application Form** and **Risk Assessment Form** together, otherwise your application will be incomplete.

If returning the forms electronically, please return to: referrals@st-annes.org.uk

If returning by post:

St. Anne's Community Services
Head Office
Unit 5, Fountain Court, 12 Bruntcliffe Way, Morley
Leeds
LS27 0JG

All the information given in this form will be treated confidentially. A copy of St Anne's Confidentiality Policy is available on request.

If you would like a form translated into another language, please let us know.

CONTACT US IF YOU NEED A LARGE PRINT VERSION OF THIS FORM



Name of applicant:	D.O.B:	Date of Application:
Contact Name:		Address:
<p>(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?</p> <p>YES () NO ()</p> <p>If YES, please give more details:</p>		
<p>(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?</p> <p>YES () NO ()</p> <p>If YES, please give more details:</p>		



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

YES () NO ()

If YES, please give more details:

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

YES () NO ()

If YES, please give more details:



(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 ()

If YES, please give more details:

(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 ()

If YES, please give more details:



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

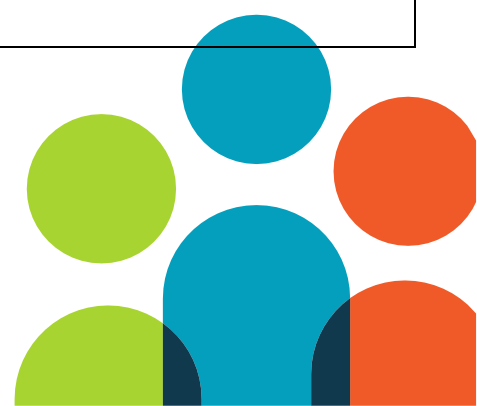
YES () NO ()

If YES, please give more details:

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

YES () NO ()

If YES, please give more details:



(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 ()

If YES, please give more details:

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

YES () NO ()

If YES, please give more details:



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

YES () NO ()

If YES, please give more details:

(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 ()

If YES, please give more details:



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

YES () NO ()

If YES, please give more details:

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

YES () NO ()

If YES, please give more details:



(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.

Please note this form must be returned with the Referral Form

A LIFE WITHOUT LIMITS FOR THE PEOPLE WE SUPPORT



FOR OFFICE USE ONLY

Additional third-party information

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

<p>Name:</p> <p>Agency:</p>	<p>Date:</p> <p>Tel Nos:</p>
<p>Name:</p> <p>Agency:</p>	<p>Date:</p> <p>Tel Nos:</p>
<p>Name:</p> <p>Agency:</p>	<p>Date:</p> <p>Tel Nos:</p>

