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| **DISQUALIFICATION BY ASSOCIATION / RISK BY ASSOCIATION****RISK ASSESSMENT** |
| Name of Member of staff and role: Date of assessment:Person completing assessment and role:Setting details: |
| 1. Record the details of who and how this member of staff is connected to someone who poses a risk to children within their workplace. (record context e.g., how you were informed and circumstances) |
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| 2. Detail what the risks are and the response from the MOS (e.g. record conviction/date, when MOS became aware and insight) |
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| 3. Evaluate the risks and outline any mitigating factors (e.g. refer to code of conduct, view of MOS record, awareness of impact on role, reputational risk for setting and safety plans e.g. no info at home) |
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| 4. Analysis of your findings and risk management (e.g. able or unable to safeguard appropriately, make sound judgements and follow procedure) |
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| 5. Recommendations |
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| 6. Member of staffs comments regarding the findings of the risk assessment. |
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| 7. Signatures and Review date |
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