

RISK ASSESSMENT

NAME OF PERSON COMPLETING FORM _____

NAME OF YOUNG CARER _____

QUESTION	YES	NO	COMMENTS / RISKS
Does anyone have a history of violence?			
Does anyone use drugs or alcohol?			
Does anyone's mental ill health pose a risk?			
Does anyone lose their temper easily?			
Can you park outside the property?			
Is the property in a block of flats?			
Are there any risks walking from the car to the property?			
Is a lone visit appropriate?			
Are there any other risks we should be aware of?			
Any other Comments			