

RISK ASSESSMENT FORM FOR VOLUNTEERS

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| Role Title |
| Name of Volunteer Supervisor |
| Address for Volunteering Activity  Contact Tel No |
| Brief description of the volunteering opportunity |
| Days and times volunteering activity is expected to take place |
| Factor in COVID-19 Legislation 2020 and NHSE volunteer briefing attached with this. This is in line with current staff risk assessments. |
| Name of person completing Risk Assessment |
| Date Risk Assessment completed |

Key:

Likelihood of Occurrence (LOI) Hazard Severity (HS)

1 Not likely (no risk) 1 Nil/No injury

2 Possible (low priority) 2 Slight/Minor injury

3 Quite Possible 3 Quite Serious Injury

4 Likely 4 Serious Injury

5 Very Likely 5 Very Serious Injury

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| --- | --- | --- | --- | --- |
| Potential Hazard | LOI  (A) | HS  (B) | Risk Rating  (A) x (B) | Actions to be taken to minimise or eliminate risks |
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*Please continue on a separate page if necessary.*

This form must be returned to the Trust Volunteer Coordinator before a volunteer can be placed into the relevant role for agreement.