**CONFIDENTIAL: OFFICE USE ONLY**

**FORM B: RISK ASSESSMENT HAZARD FORM**

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| --- | --- |
| **Name of Applicant:** |  |
| **Provisional Student Number:** |  |
| **Date of Birth:** |  |
| **Course applied for:**  |  |

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| --- | --- | --- | --- | --- | --- |
| **Nature of Hazard e.g. reputational risk, risk of sexual harm, risk of theft** | **Who might be harmed?** | **What is already being done to minimise risk?** | **Likelihood of hazard/risk occurring (use risk matrix below e.g. 1/3** | **Further action required? What** | **Who is responsible for further action and when?** |
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**Likelihood/Impact Matrix**

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| --- | --- | --- | --- | --- | --- |
|  | **5 = Certain** | **4 = Likely** | **3 = Possible** | **4 = Unlikely**  | **5 = Remote** |
| **5= Severe Impact** |  |  |  |  |  |
| **4 = High Impact** |  |  |  |  |  |
| **3 = Medium Impact** |  |  |  |  |  |
| **2 = Low Impact** |  |  |  |  |  |
| **1 = Very Low Impact** |  |  |  |  |  |

**IMPORTANT GUIDANCE NOTE:**

Should any hazard record a Likelihood/Impact Score falling within the red zones this case must be passed to Stage 3 Risk Assessment.

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**For Office Use:**

Clearance Approved:

Progress to Stage 2:

Signed …………………………………………………………………………………
Print name …………………………………………………………………………

Date ……………………………………………………………………………………