**CONFIDENTIAL: OFFICE USE ONLY**

**FORM E: RISK ASSESSMENT**

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

**To be completed by the University Counsellor following interview with applicant and taking into account Initial Disclosure Form (Form A), Hazard Form (Form B), Disclosure Statement (C) and Interview Record (Form D).**

**Likelihood of offence-related behaviour: Please Tick One Only**

|  |  |
| --- | --- |
|  | 1 = Small chance of reoccurrence |
|  | 2 = Increased risks of reoccurrence |
|  | 3 = There is reason to believe that reoffending is possible |
|  | 4 = The likelihood of reoffending is likely |
|  | 5 = High probability of reoffending |

**Potential Impact on University users: Please Tick One Only**

|  |  |
| --- | --- |
|  | 1 = Related to family issues only or minor vandalism |
|  | 2 = Related to financial issues dealt with by Country Court, road traffic offences related to alcohol or injury to third parties, other alcohol related offences |
|  | 3 = Related to property damage to buildings or equipment, fraud, theft, assault with no connections to schools, colleges or universities |
|  | 4 = Related to serious property damage, public disorder, assault related to schools, colleges, universities, drugs related |
|  | 5 = Of a sexual nature, incidents of serious physical harm, arson, racially motivated, connection to gangs |

**Risk Rating**

**PLEASE MULTIPLY THE LIKELIHOOD SCORE BY THE POTENTIAL IMPACT SCORE AND ENTER HERE:**

**Please tick the relevant risk rating as per this score:**

|  |  |
| --- | --- |
|  | Low = Score of 1-6 |
|  | Medium = 7-12 |
|  | High = 13-20 |
|  | Unacceptable = 21-25 |

**Recommendation and Conditions**

Do you recommend that the panel clears the applicant to proceed?

**Yes**

**Any other information which the panel should be made aware of in reaching a decision?**

**Is there any recommended support, control measures and/or conditions:**

**No**

**Any other information which the panel should be made aware of in reaching a decision?**

Signed (University Counsellor) …………………………………………………………………………………
Print name …………………………………………………………………………

Date ……………………………………………………………………………………