

**DCU Childsafeguarding**

**Risk Assessment Template**

**For Faculties, Offices &**

**Departments**

**Source – See Appendix 2b in the procedures referenced below**



**Appendix 2b:**

MAY 27, 2018

**Additional Child Safeguarding Risk Assessment Template for faculties/offices/departments**

In accordance with section 11 of the Children First Act 2015 and with the requirement of the DCU Child Protection Procedures 2017, the following is the Written Risk Assessment of **Additional Risks identified** by (name of faculty/office/department].

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Activity/Practice** | **Risk of harm identified in respect of this activity/practice** | **Procedures/policy in place to address the risks of harm identified in this activity/practice** | **Likelihood of the risk occurring:**  **L/M/H** | **Who is responsible for the risk?** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| **Important Note:** It should be noted that risk in the context of this risk assessment is the risk of  “harm” as defined in the Children First Act 2015 and not general health and safety risk. |

This additional risk assessment has been completed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (insert name of person) on behalf of the faculty/office/departmenton ......... ………………[date].

It shall be reviewed as part of the annual review of its Child Safeguarding Statement.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Add name and title of faculty/office/departmentsignatory.