**RISK ASSESSMENT FOR INNOVATIVEPLACEMENTS**

**Organisation:**

**Named Contact:**

**Contact Details**

***Email:***

***Website:***

***Telephone:***

***Address:***

**Lead Contact Tutor from DClinPsy:**

|  |  |  |  |
| --- | --- | --- | --- |
| **AREAS TO BE CONSIDERED** | **Risk:**  **YES/NO** | **DETAILS** | **CONTROL MEASURES & PERSON RESPONSIBLE** |
|  |  | ***(please continue on a separate sheet if necessary)*** | |
| Exposure to extreme stress as perceived by the trainee / tutor |  |  |  |
| Violence / threatening situations |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Organizational discord / placement breakdown |  |  |  |
| Trainee progress monitoring |  |  |  |
| Supervision arrangements |  |  |  |
| Other risks not listed above |  |  |  |

**SUMMARY CONCLUSION**

Name of Person completing Assessment Form:

Designation:

Signature: ………………………………………………………………………………………..

Date