

## RISK ASSESSMENT FORM



To be completed by Key Worker for clients registering for RFW. Any issues arising out of completion of this form to be advised to RFW Coordinator.

*Programme is not open to those with convictions relating to sex offences.*

<b>NAME OF CANDIDATE:</b>	
<b>Does the candidate have a history of</b> (please tick as appropriate):	
<i>Violence</i> YES <input type="checkbox"/> NO <input type="checkbox"/>	<i>Sexual offences</i> YES <input type="checkbox"/> NO <input type="checkbox"/>
<i>Arson</i> YES <input type="checkbox"/> NO <input type="checkbox"/>	<i>Other criminal convictions</i> YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>NB</b> Full details about convictions will be required for the RFW registration form	
<b>In your opinion has the candidate addressed their offending behaviour?</b>	
YES <input type="checkbox"/> NO <input type="checkbox"/> Comment:	
<b>Has the candidate been verbally aggressive in the past?</b>	
YES <input type="checkbox"/> NO <input type="checkbox"/> Comment:	
<b>Is the candidate dealing with:</b>	
<i>Problem alcohol use</i> YES <input type="checkbox"/> NO <input type="checkbox"/> <i>Problem drug use</i> YES <input type="checkbox"/> NO <input type="checkbox"/> <i>Mental health issue</i> YES <input type="checkbox"/> NO <input type="checkbox"/>	
<b>Has the candidate moved on socially from old peer group who could cause these issues to arise again?</b>	
YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> Comment:	
<b>Does the candidate need medication?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	
<b>What are possible consequences of failure to take medication? Please tick</b>	
<input type="checkbox"/> <i>Vulnerable</i>	<input type="checkbox"/> <i>Verbally aggressive</i>
<input type="checkbox"/> <i>Physically aggressive</i>	<input type="checkbox"/> <i>Suicidal</i>
<input type="checkbox"/> <i>Anti-social/ destructive</i>	<input type="checkbox"/> <i>N/A</i>
<b>Key Worker: what specific barriers to progression have you identified, if any?</b>	
<b>Are these being addressed? Please give details</b>	
<b>Keyworker Name (please print):</b>	
<b>Date:</b>	