**Volunteering Risk Assessment Form**

Name: …………………………………………………………….….Empl. No: ………………………………….

Line Manager: ………………………………………………………………………………………………………

Directorate/Faculty: ……………………………….……………………………………………………………..

**Volunteering Opportunity:**

|  |  |
| --- | --- |
| Voluntary organisation: | |
| Range of duties: | |
| Address/Location of activity: | |
| Date(s) of activity: | |
| Does the organisation have public liability and/or professional indemnity insurance?  **Yes**  **No** | |
| If 'yes' will that insurance include the activities of Brookes volunteers while carrying out work on their behalf?  **Yes** **No** | |
| Are there any potential risks/hazards associated with the volunteering activity being undertaken? (e.g. Manual Handling, Fire, Electricity, Work equipment and machinery, Chemicals, Movement of people, Vehicles).  **Yes** **No** | |
| If yes please give details of how these will be controlled | |
| Risk/Hazard: | How can I control risk? |
|  |  |
|  |  |
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|  |  |
|  |  |

Signed:.....................................................................................................…Date:.......................................

Checked by line manager:-

Signed:........................................................................................................Date:.......................................

**THE ORGINAL COPY OF THIS FORM SHOULD BE FORWARDED TO THE DIRECTORATE OF HR FOR AN EVALUATION TWO WEEKS BEFORE THE VOLUNTEERING ACTIVITY TAKES PLACE. A COPY SHOULD BE RETAINED BY THE FACULTY/DIRECTORATE.**

**For HR Team Use Only:**

Approved by: …………………………………………………………..(Authorised Signatory)