

**Risk Assessment – 18 – 25 Counselling**: This is an in-depth risk-assessment. We use this method to make sure we are safeguarding you and our staff, while making sure we understand your needs fully. All information is confidential.

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| **Your details:** | | | |
| Forename: |  | Surname: |  |
| D.o.B: |  | Age: |  |
| Educational establishment if applicable: |  | | |
|  | | | |
| **Emergency contact details (1):** | | | |
| Forename: |  | Surname: |  |
| Relationship: |  | | |
| Phone number: |  | Mobile: |  |
| Work number: |  | | |
| Email: |  | | |
| **Emergency contact details (2):** | | | |
| Forename: |  | Surname: |  |
| Relationship: |  | | |
| Phone number: |  | Mobile: |  |
| Work number: |  | | |
| Email: |  | | |

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| **Health:**  **(If answer is YES, then please use the box to explain further)** |
| Do you have any medical conditions or allergies? Is this well managed?  YES / NO If Yes, please give information. |
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| Do you have any neuro, developmental or learning difficulties or conditions?  YES / NO If Yes, please give information. |
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| Are there any issues around mobility or other accessibility needs?  YES / NO If Yes, please give information. |
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| Is there anything else regarding your health we should know about?  YES / NO If Yes, please give information. |
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| **Mental Health:**  **(If answer is YES, then please use the box to explain further)** |
| Do you have any mental health conditions?  YES / NO If Yes, please give information. |
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| Do you self-harm? Or have you ever shown an interest, thought about or attempted suicide? YES / NO If Yes, please give information. |
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| Is there anything else regarding your mental health that we should know about?  YES / NO If Yes, please give information. |
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| **Behavioural needs:**  **(If answer is YES, then please use the box to explain further)** |
| Have, or do you, partake in drug or substance use/misuse? (Includes alcohol)  YES / NO If Yes, please give information. |
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| Do you partake in behaviour that you would call risky or dangerous? Including assault, stealing or damaging property?  YES / NO If Yes, please give information. |
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| Is there anything else we should know about regarding your behaviour?  YES / NO If Yes, please give information. |
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| **Family:** Are there any ongoing family issues that would be relevant for us to know about? E.g. divorce, trauma, ill health, bereavement, abuse etc. |
| YES / NO If Yes, please give information. |
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| **Other agencies:** | (Tick box) | |
| Do you have any involvement from other agencies or therapists? Or have you in the past during your education? | PAST | CURRENT |
| EP (Educational Psychologist) / Psychologist |  |  |
| CAMHS (Child and adolescent mental health service) |  |  |
| Social Worker |  |  |
| Counsellor / Psychotherapist |  |  |
| Psychiatrist |  |  |
| GP, Doctor, Consultant |  |  |
| Play/Drama/Art/Music Therapist |  |  |
| OT (Occupational Therapist) |  |  |
| Speech and Language therapist |  |  |
| Youth Offending Team |  |  |
| CAFCASS (Children and Family Court Advisory and Support Service) |  |  |
| Fit Team (Family Intervention Team) |  |  |
| Early Help |  |  |
| Young Carers |  |  |
| Other (Please specify) |  |  |

Please turn over.

* I take full responsibility for my actions while at the Youth Intervention Centre or under their services and understand that this could involve financial consequences.
* In the case of a medical emergency the people named as my emergency contacts and an ambulance will be phoned immediately, and I give my consent for my emergency contacts to be contacted as necessary.
* In the case of any other emergencies the police may be contacted as per our discretion.
* I understand that the information collected in this risk assessment is only used to safeguard myself, other people and staff; and to be able to meet any needs I may have to the best of the Youth Intervention Centre’s ability.
* I agree that all information on this document is true as of the date below.
* I have read, understood and consent to the Privacy Policy and Fees & Cancellations Policy.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Further information:

GDPR & privacy:

Parts of this form and its data is stored securely under lock and key for the length of time you are in our service plus 3 months. Signed parts of this document will be kept for 7 years after this point.

The data collected on this form is only used to inform staff of a young person’s needs.

For more information regarding GDPR and your data please see our privacy policy.

In exceptional circumstances:

At the Youth Intervention Centre, if you ever became a risk and we (staff at YIC) felt there was risk of harmful behaviours (to yourself or others), damage or illegal activity we would do all we could to safeguard the situation and make things safe and secure for all involved.

The most appropriate and safest course of action will always be taken. This could include:

* Emergency contacts being phoned
* Police being phoned
* Other people being moved out of the centre until the risk has been managed

If you have any questions at all, please feel free to get in touch with Kerry or Mollie on:

01752 896260

Or

info@youthinterventioncentre.com