

# Applicant Risk Assessment



*For completion by your support worker or referee.*

Some people referred to GalGael may present a risk of harm to themselves or others. As GalGael has a limited resource and area of operation it is important that we request your cooperation in conducting this simple assessment. Where applicants may present a risk of harm to self or others, this assessment will enable us to consider whether the risk is within our capacity and expertise to manage safely. Only then will we invite an application. It is only with everyone's assistance that GalGael can properly manage our duty of care to all.

Name:

Referral Agency:

Completed by:  Date:

Please remember that the more information you provide on this risk assessment, the better we can assess the support needed by the applicant.

## RISK OF HARM TO SELF?

YES / NO

*If yes, please provide some detail by ticking all the relevant boxes:*

- |                                    |                          |
|------------------------------------|--------------------------|
| Previous suicide attempt(s)        | <input type="checkbox"/> |
| Past suicidal ideas or thoughts    | <input type="checkbox"/> |
| Present suicidal ideas or thoughts | <input type="checkbox"/> |
| Current self harming               | <input type="checkbox"/> |
| Previous self harming              | <input type="checkbox"/> |

### Comments:

## RISK OF HARM TO OTHERS?

YES / NO

*If yes, please provide some detail by ticking all the relevant boxes:*

- |   |                          |
|---|--------------------------|
| Past history of violence to others            | <input type="checkbox"/> |
| Alcohol/substance abuse related violence risk | <input type="checkbox"/> |
| Paranoid thoughts or delusions                | <input type="checkbox"/> |
| Prone to distress and/or anxiety              | <input type="checkbox"/> |
| Relevant criminal record (e.g. GBH, ABH)      | <input type="checkbox"/> |
| History of violence to support staff          | <input type="checkbox"/> |

### Comments:

**RISK OF HARM TO PROPERTY**

YES/NO

*If yes, please provide some detail by ticking all the relevant boxes:*

- Past history of property damage
- Alcohol/substance abuse related damage risk
- Anxiety related
- Relevant criminal record (e.g. arson, criminal damage)

**Comments:**

**PERSONAL SAFETY RISK**

YES/NO

*If yes, please provide some detail by ticking all the relevant boxes:*

- Chronic intoxication/medication
- At risk from others (e.g. violence/harassment)
- Places self in risky situation(s)
- Low awareness of risk and/or indifference

**Comments:**

**MENTAL HEALTH RISK**

YES/NO

- Severe or enduring mental health issues
- Current CPN engagement

**Comments:**

**OTHER AGENCIES/PROFESSIONALS INVOLVED**

Name	Role	Contact Number

GalGael Trust will use the information you provide in this form for the purpose of processing the application, and, if your application is successful, for the purpose of managing our duty of care. The information you provide in this form will be stored securely and will not be retained longer than necessary. Unsuccessful applications will not be destroyed. You have a right to access the information that GalGael Trust holds on you. If you would like to do this, please contact the office.



.....  
This area is for GalGael internal use:

Has the applicant been found to be an appropriate referral within the capability of our current systems and staff?

If accepted, does the applicant present a risk to themselves or others?

Please detail agreed control measures and contingency plans to minimise the risk:

**Control Measures:** *e.g. closer supervision required, restricted use of some equipment, limits on participation in excursions*

**Contingency Plans:** *e.g. in the event of seizure who would need to be contacted, process of referral to emergency services*

Please ensure the relevant staff are appropriately informed.

Thank you