



INDIVIDUAL LEARNER RISK ASSESSMENT PROCEDURE

Macclesfield College is committed to high quality advice, guidance and support for all its learners to support successful completion and progression. We recognise that in order to achieve this some of our learners will have individual circumstances that may require the College to undertake a risk assessment to ensure appropriateness of course and any adjustments required. These circumstances could be one or more of the following:

1. Student aged 14-16 infilling onto College 16+ programme
2. Student with a disclosed mental health concern working through the Mental Health Policy procedure
3. Student with a disclosed criminal record
4. Student with a disclosed medical condition for whom a risk assessment may be required
5. Student with a disclosed disability for whom a risk assessment may be required
6. Student with a disclosed learning difficulty for whom a risk assessment may be required
7. Student with an EHCP for whom a risk assessment may be required

All risk assessments should be undertaken by either the Head of Student Services or the Additional Learning Support Co-ordinator alongside the Curriculum Manager for the chosen area of study in conjunction with the student and, where necessary, their parent/carer.

The attached paperwork should be completed and filed in the following places:

- Course file
- Centrally held Risk Assessment file within Student Services

This record is confidential and must only be shared with those College individuals identified at section 11. In the event you believe the information needs to be shared with others, please contact the Head of Student Services for advice. The record must be retained securely and must not be stored on portable media.

If you have any concerns with regards to the student's safety whilst in College and would like further advice, please contact Student Services.

INDIVIDUAL LEARNER RISK ASSESSMENT CONFIDENTIAL

Section 1 – Student Details						
Name		Date of Birth		Age		Date of Review
Assessor		Date of completion		Curriculum Area		
Course				Student Number		

Section 2 – Emergency Contact Information	
FAMILY/CARER	
Name	
Telephone number	
Relationship to student	
GP CONTACT	
Name of Doctor	
Surgery name & address	
Telephone number	

Supporting Documents (e.g. External risk assessments)

Section 3 – Reason for risk assessment

Describe how it may impact upon the students (and/or others around them) whilst at College Please provide details of and attach any information that has been received by the College i.e. GP letter, or from within the College, i.e. Support Services, which advises further details on how to manage an individual's needs

Section 4 – If applicable please provide details of any typical triggers/symptoms for this student

Section 5 – Treatment for this student when displaying symptoms is:

Please include details of any specific roles for staff, with a description of their key responsibilities.

Section 6 – If applicable please provide details of any medication and where held

Please include medication name(s), dose and times.

Section 7 – If applicable please provide details of any special dietary requirements for the student

Section 8: RISK ASSESSMENT

Hazard(s)	Affected Groups	Severity	Probability	level	Current Control Measures	Risk Level With Controls	Additional Controls Needed to Reduce Risk to ALARP

Section 9 – Risk Assessment Outcome	
Risk Rating	Acceptable Risk?
<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	<input type="checkbox"/> Yes <input type="checkbox"/> No* <i>Please discuss the above with your line manager if necessary.</i> <i>*You must notify the Vice Principal for Curriculum & Quality</i>

Section 10 – Distribution List
Who needs to see this assessment? (e.g. Student, parent/guardian, personal tutor, teaching staff, ALS staff, CP Officers, CM's etc.)

Section 11 - Student Signature
I confirm that the details provided in section 1-8 are correct. I agree to abide by all control measures listed in section 9. I give permission for all persons named in section 11 to receive a copy of this form. I agree to inform the Risk Assessor and/or my Personal Tutor of any changes to the above.
Signed:
Date:

Section 12 - Parent/Carer Signature (required for students aged 17 and under and/or vulnerable adults)
I confirm that the details provided in section 1-8 are correct. I understand that my son/daughter/ward needs to abide by all control measures listed in section 9. I give permission for all persons named in section 11 to receive a copy of this form. I agree to inform the Risk Assessor and/or my son/daughter/ward's Personal Tutor of any changes to the above.
Signed:
Date:

Section 13 - Risk Assessor Signature (College Staff)
I confirm that I will ensure that all persons named in section 11 receive a copy of this form. I confirm that I will notify the Vice Principal for Curriculum & Quality if the risk has been assessed as being unacceptable.
Signed:
Date:

CRIMINAL CONVICTIONS INTERVIEW
(to be completed for risk 3 to inform the risk assessment)

This form should be completed on receipt of a "Declarations of Convictions" form.

Name:	DoB:
Course Applied for:	
Date:	

ISSUES TO BE CONSIDERED	COMMENTS
The nature of the offence	
Who might be at risk? eg students themselves, other students, staff, public	
When the crime was committed e.g. the length of time since the offence was committed, age of the student	
The circumstances involved eg the involvement of drugs or alcohol	
The sentence (the length of sentence is usually dependent on the seriousness of the crime)	
Patterns of offending (was the offence a one off or is there a history of offending)	
Efforts to avoid reoffending eg involvement of Probation Service or other agencies, degree of remorse expressed	
Requirements of the course eg working with children, young people or vulnerable adults	
Safeguards available to guard against offending whilst at college eg supervision, reviews, partnerships	
Will the nature of the course present any temptations for the student to reoffend?	
Conditions – supervision, reviews, partnership working with other agencies	
Likelihood of meeting anyone at college involved in any previous offence?	
Feedback from third parties e.g. YOT, Probation Service	
Other comments:	

Declaration of Convictions

Guidance Notes for Students

Having a criminal record or a pending prosecution will not necessarily bar you from a place at college. This will depend on the nature of the course and the circumstances and background of any offences. If you fail to disclose any relevant information then your offer of a place or enrolment on the course may be withdrawn.

This declaration will be passed onto the Head of Student Services & Support who may need to contact you for further information and complete a risk assessment. Discussion where appropriate may be needed with the Vice Principal of Curriculum and Quality.

Declaring Criminal Convictions and Pending Convictions

The college has a Duty of Care to all its users (students, staff and visitors) to ensure their safety and wellbeing. It also has a duty to safeguard and protect any of its users who are under the age of 18, and in particular any under 16. In order to meet these responsibilities it is necessary to require all students to declare any convictions or pending prosecutions to enable the college to make a judgement on any potential risks posed by their enrolment on a course.

Spent Convictions are not considered to be relevant and **you are not required to reveal them** unless you are hoping to join a Child Care or Health and Social Care course, or any other course where a Disclosure and Barring Service (DBS) check is required.

When is a Conviction considered Spent?

The Rehabilitation of Offenders Act 1974 enables criminal convictions to be ‘spent’ after a rehabilitation period. Rehabilitation periods vary dependant on the conviction and sentence given. If you are not sure whether your conviction is spent and should be declared, you should get advice from the appropriate agency e.g. Youth Offending Team or Probation Service, NACRO (National Association for the Care and Resettlement of Offenders) or visit the online calculator www.disclosurecalculator.org.uk or www.unlock.org.uk for up-to-date advice.

PRIVATE AND CONFIDENTIAL

Name:	DoB:
Address:	Contact numbers: Home
Course Applied for:	Mobile

The college needs as much information as possible for it to undertake an accurate risk assessment. We appreciate the need for Data Protection and ask that you ensure you have informed consent to share data or are making sure you are sharing this information legally.

Offence:	Date of Conviction:	Penalty / Nature of Sentence:
Any comments or further information you would like us to take into consideration:		

Are you currently on a:	Tagging Order	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Home detention curfew	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Sex Offenders Register	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any history of the following:	Arson	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Violence against a person	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Offences against children/vulnerable adults	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Drug supply/dealing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently:	Under bail conditions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Pending a court hearing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a Learning Difficulty/Disability? If yes, please give details:		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Information sharing with other professionals

It may be useful for college staff to talk to other professionals who have been, or are currently, involved in helping you with the issues connected to your conviction(s). Sharing information with other professionals involved in your case will enable us to develop a clearer picture of your situation and needs. By working together we can plan appropriate courses of action. For example it can be useful to contact probation officers/social workers to gain a reference for you, or more details about the circumstances of your conviction or treatment. Similarly, they may wish to find out if you have been offered a place at college.

Please give details of your YOT worker / Probation Officer (please circle) and additional support workers (only if appropriate):

Name: _____ Tel: _____

Name: _____ Tel: _____

Applicant Declaration

I have read, or listened to, the information provided on this form and understand that the College needs this information to ensure I am provided with the appropriate information, advice and guidance. I confirm that I give my consent to Macclesfield College to use this information to risk assess my application. I understand that this information will be stored and managed under the Data Protection Act 1998.

Name (please print): _____

Signature: _____

Date: _____

Please complete and send this form marked 'Confidential' to: Head of Student Services and Support, Macclesfield College, Park Lane, Macclesfield, SK11 8LF

If you would like to discuss anything relating to this document, please telephone the Head of Student Services & Support on 01625 410018.