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**Course Risk Assessment 2024/2025**

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| --- | --- | --- | --- | --- | --- |
| **Course Name:** |  | **Venue Address:** |  | **Date of Risk Assessment:** |  |

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| --- | --- | --- | --- | --- | --- | --- |
| **How often will the course/activity run? (🗸)** | | | | | **How many people are or may be directly involved in the course/activity?** | **How many people are or may be directly affected by the course/activity?** |
| Hourly | Daily | Weekly | Monthly | Other (state) |  |  |

**Tick the hazards that are associated with this course/activity (🗸) and add them to the hazard description below:**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Electrical appliances |  | Machinery |  | Use of hand tools |  | Personal safety |  | Display screen equipment |  | Other |  |
| Portable equipment |  | Hazardous substances |  | Manual handling |  | Online safety |  | Slip, trip, fall |  |  |  |

**Hazard description and action taken:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **What are the hazards?** | **Who might be harmed and how?** | **What are you already doing to control the risks?** | **What further action do you need to take to control the risks?** | **Who needs to carry out the action?** | **When is the action needed by?** | **Has the action been completed?** |
| Fire |  |  |  |  |  |  |
| Data Protection |  |  |  |  |  |  |
| Hygiene and Comfort |  |  |  |  |  |  |
| Environment |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Add further rows as necessary** |  |  |  |  |  |  |

***Risks to Individual Learners, e.g. learning difficulty/disability, mobility, pregnancy etc.:***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **What are the hazards?** | **Who might be harmed and how?** | **What are you already doing to control the risks?** | **What further action do you need to take to control the risks?** | **Who needs to carry out the action?** | **When is the action needed by?** | **Has the action been completed?** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Add further rows as necessary** |  |  |  |  |  |  |

**Review this Risk Assessment if circumstances change during the course, e.g. if a learner develops a medical condition, the room changes etc.**

|  |  |  |  |  |  |
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| **Risk Assessment Completed by (name):** |  | **Signature:** | **I confirm that all outstanding actions have been completed** | **Date:** |  |