

WEST WOLDS U3A RISK ASSESSMENT: VISITS OR EVENTS *page 1*

Name of Group organising visit or event	Group Leader/ Organiser
Description of Visit or Event	Name of Venue for Visit or event
Day/Date for visit or event	Times for Visit or event (from.... to....)

GUIDANCE: For **VISITS**, please consider what risks can be advised to members prior to the visit including (i)any risks associated with travel to the visit location(ii) any risks that may be encountered during the visit (iv) risks for travel back home after the visit. Also, please recognise that you will need to monitor risks throughout the day of the visit

For **EVENTS:** Please consider (I) what risks to be advised to members prior to the event (ii) any risks associated with setting up for the start of the event (iii) any risks that may be encountered by members during the event (iv) any risks associated with packing up at the end of the event

Please identify risks to be advised to members below	state what actions can be taken to mitigate identified risks
---	---

<i>continue onto next page</i>	
--------------------------------	--

continued under column headings as above ...

Date:

Signature Group Leader/Organiser: