PERSONAL MEMBERS' RISK ASSESSMENT

u3a Name:	**Date:**
Name of person completing risk assessment:	
Interest Group (if applicable):	
Description of Activity (if applicable):	

This risk assessment is to help identify personal risks you may experience. This is useful if you feel you are vulnerable and need to make considerations for the activities you participate in. You should think carefully about any specific risks you may encounter during a u3a activity. Where you identify a particular risk you should note the actions you will take to reduce the risk, and you can always add to this if you identify a new risk.

What is the potential risk?	How do you usually manage this risk?	Does this risk affect	What accommodations do you need?

		how you participate in u3a activities?			
		Yes	No	N/A	
e.g., I have difficulty walking	*e.g., I use a walking stick, and sit down for most activities*	*X*			*e.g., I must have a seat during activities*
e.g., I have diabetes	*e.g., I monitor my blood sugar each morning*		*X*		*e.g., I manage this at home*
e.g., I need general help from a carer	*e.g., my carer supports me with participating in activities, as well as helping me to and from the bathroom*	*X*			*e.g., when participating in events I need an extra space for my carer to join me to support me*
