



Disability Risk Assessment

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| Name | Membership Number | |
| Issue | Permission to contact Next of Kin requested If yes, Name & Contact details | Y / N |
| | Next of Kin to be contacted as concern for member welfare Name & Contact details | Y / N |
| Actions recommended to safeguard member | Implementation / Outcome | |
| | Implementation / Outcome successful *If No, refer to Welfare Officer | Y / N* |
| Completed by | Membership No. | Date |