

WYMONDHAM u3a PERSONAL RISK ASSESSMENT FORM

Full Name:	Date of Issue/Review:
Interest Group:	
Description of Activity and date(s):	
Name of compiler/Role	

Each member of Wymondham u3a must acknowledge that they have a “Duty of Care” to each other and members of the public as they carry out their particular activity. They must consider any health concerns, such as mobility issues, that could affect their ability to participate in certain activities". **They must also consider if this affects our duty of care to each other, and members of the public with whom they may come into contact with.**

The contents of this questionnaire will remain confidential with the Wymondham u3a Committee and will not be disclosed without your consent. The purpose of this document is to ensure that:

- members do not have a medical condition or disability that might impair their ability to attend certain groups and take part in certain activities or affect others.
- Identify any requirements that could be made to enable individuals who do have a medical condition or disability to attend groups and activities of their choice.

Do you have any disability that we should be aware of to ensure your, and others, safety and wellbeing

.....
 Do you have a medical condition and/ or disability that might impact your ability to attend any particular type of Wymondham u3a activity or event, e.g. mobility, hearing, visual, etc.

Yes / No

If yes, please confirm details regarding the medical condition and or disability with associated medication.

.....

If yes, please advise if there are any requirements or specific equipment that would enable you to attend groups and activities of your choice, e.g. carer/buddy/buggy/wheelchair, hotel lift. hotel room with wet room.

Please be aware that provision of requirements and/or equipment may not be available, but the correct decision can then be made.

.....

Please confirm if there is any other medical information that we should be aware of in case of an emergency and associated medication.

.....

If you participate in any group activity or outing you should ensure that it is suitable for you, and you are able to take personal responsibility for yourself. If you need further information as to the suitability of the activity or outing we are able to ensure that this is discussed with you.

Signed

Date.....

Please note this information will not be shared without your consent and will be processed in accordance with General data Protection Regulations (GDPR).