**LEICESTER COLLEGE
Student Risk Assessment – Agency Reference Form**

XX/XX/XXXX

**Full Name:**  **Date of Birth:**

The above named client has been for a Student Risk Assessment interview and has given consent to obtain this information. **The Risk Assessment cannot be completed without this and the student cannot continue with an application or on a course without this.**

**Offending History and Risk Level**

XX/XX/XX

XX/XX/XX

Is the client current: **Yes No** Date of first contact: Last contact:

|  |
| --- |
| * Please provide details and dates of **all offence/s and conviction/s:**
 |
|  |
|  |

* Please indicate the level of Risk at the time when you were in contact with the client:
 **\*complete a level for all categories\***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Category** | **Low** | **Medium** | **High** | **Very High** |
| Young people |  |  |  |  |
| Vulnerable adults |  |  |  |  |
| Specified adults |  |  |  |  |
| Staff |  |  |  |  |
| Self |  |  |  |  |
| Public |  |  |  |  |

* If Medium / High / Very High, please detail why, and attach the Asset Report / ROSH / VMP
* Is your client subject to a **SOPO: Yes No if YES – please submit/attach all details**
* Are they a looked after child; **Yes No**

|  |
| --- |
| * Is/was your client: **MAPPA MAPPOM** **N/A**
* Please provide the Category and Level and MAPPA contact details.
 |
|  |
|  |

**Mental Health and Substance Misuse**

* Are/were there Mental Health factors that need taking into account: **Yes No**

|  |  |
| --- | --- |
| * What are/were these:
 |  |

* Are/were there any substance misuse: **Yes No**

|  |  |
| --- | --- |
| * What are /were these:
 |  |

**Supervision and Orders**

* What work is being /was covered in their supervision:

|  |
| --- |
| * How often do/did you see them:**Weekly Fortnightly Monthly 2 Monthly Other**If **other** please detail;
 |
|  |

* Has / did the client successfully complete all Orders/Supervision: **Yes No Ongoing**
* Has / did the client respond positively to work done:

**Always Often Rarely Never**

* Based on your assessments and the information available to you, are they safe to be in an age 14+ College?

 Yes No

|  |
| --- |
|  |

**If No please detail why;**

* Based on your knowledge of the client, do you know of any support needs you feel we could assist with- e.g. Counselling, Mental Health
* Please provide any additional details that you feel are relevant to this applicant:

**Form Completed by:

Name:**

**Position:**

**Organisation:**

**Date: Tuesday, 09 October 2012**

**If there is any additional information you wish to provide, please continue on another sheet.**