

# CHILD SAFETY RISK ASSESSMENT TEMPLATE

AREA / QUESTIONS	ASSESSMENT / OBSERVED	LIKELIHOOD OF HARM OCCURRING	NOTES
<b>FACILITIES &amp; SURROUNDS</b>			
Are Child Safety Posters and Young People Resources displayed at the club/facility?	Yes <input type="checkbox"/> No <input type="checkbox"/>	N/A <input type="checkbox"/> LOW <input type="checkbox"/> MED <input type="checkbox"/> HIGH <input type="checkbox"/>	
Are there any hazards, obstructions or dangers?	Yes <input type="checkbox"/> No <input type="checkbox"/>	N/A <input type="checkbox"/> LOW <input type="checkbox"/> MED <input type="checkbox"/> HIGH <input type="checkbox"/>	
<b>CHANGE ROOM ARRANGEMENTS</b>			
Are children and young people sharing the same facilities with adults*?	Yes <input type="checkbox"/> No <input type="checkbox"/>	N/A <input type="checkbox"/> LOW <input type="checkbox"/> MED <input type="checkbox"/> HIGH <input type="checkbox"/>	Is there unauthorised access to children's and young people's areas (e.g. changing rooms, showers)?
Are phones, cameras and other recording devices being used in the change rooms?	Yes <input type="checkbox"/> No <input type="checkbox"/>	N/A <input type="checkbox"/> LOW <input type="checkbox"/> MED <input type="checkbox"/> HIGH <input type="checkbox"/>	
Are children appropriately supervised in change rooms whilst maintaining their right to privacy?	Yes <input type="checkbox"/> No <input type="checkbox"/>	N/A <input type="checkbox"/> LOW <input type="checkbox"/> MED <input type="checkbox"/> HIGH <input type="checkbox"/>	
<b>PHYSICAL CONTACT &amp; BEHAVIOUR</b>			
Are adults* modelling appropriate behaviours towards children and young people (e.g. being fair, respectful and appropriate to the developmental stage of the child or young person)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	N/A <input type="checkbox"/> LOW <input type="checkbox"/> MED <input type="checkbox"/> HIGH <input type="checkbox"/>	
Is any physical contact with children and young people appropriate to the delivery of our footy activities and programs (e.g. demonstrating a skill)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	N/A <input type="checkbox"/> LOW <input type="checkbox"/> MED <input type="checkbox"/> HIGH <input type="checkbox"/>	
<b>SUPERVISION OF CHILDREN AND YOUNG PEOPLE</b>			
Are there children unattended?	Yes <input type="checkbox"/> No <input type="checkbox"/>	N/A <input type="checkbox"/> LOW <input type="checkbox"/> MED <input type="checkbox"/> HIGH <input type="checkbox"/>	

\*Adult – someone involved in footy who is over the age of 18 – this could be a coach, manager, umpire, club official, WA Football/club/league/association staff member, player, volunteer, and/or a parent.

Is there any opportunity for a child to be left alone with an adult at the club?	Yes <input type="checkbox"/> No <input type="checkbox"/>	N/A <input type="checkbox"/> LOW <input type="checkbox"/> MED <input type="checkbox"/> HIGH <input type="checkbox"/>	
Are there appropriate arrangements / practices for children's drop off and collection?	Yes <input type="checkbox"/> No <input type="checkbox"/>	N/A <input type="checkbox"/> LOW <input type="checkbox"/> MED <input type="checkbox"/> HIGH <input type="checkbox"/>	
Have pick-up and drop off arrangements been communicated to parents?	Yes <input type="checkbox"/> No <input type="checkbox"/>	N/A <input type="checkbox"/> LOW <input type="checkbox"/> MED <input type="checkbox"/> HIGH <input type="checkbox"/>	
<b>USE OF, POSSESSION OR SUPPLY OF ALCOHOL OR DRUGS</b>			
Were Gameday Personnel or any other WA Football people using or under the influence of alcohol or drugs (prescription and/or illegal)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	N/A <input type="checkbox"/> LOW <input type="checkbox"/> MED <input type="checkbox"/> HIGH <input type="checkbox"/>	
<b>USE OF, POSSESSION OR SUPPLY OF ALCOHOL OR DRUGS</b>			
Are adults in the club transporting children they are not related to?	Yes <input type="checkbox"/> No <input type="checkbox"/>	N/A <input type="checkbox"/> LOW <input type="checkbox"/> MED <input type="checkbox"/> HIGH <input type="checkbox"/>	
<b>SAFETY SCREENING OF PEOPLE</b>			
Have all staff and volunteers been screened, and is a copy of their WWCC or equivalent on file?	Yes <input type="checkbox"/> No <input type="checkbox"/>	N/A <input type="checkbox"/> LOW <input type="checkbox"/> MED <input type="checkbox"/> HIGH <input type="checkbox"/>	

**This risk assessment was discussed and completed by:**

Name(s): \_\_\_\_\_ On: \_\_\_\_\_

**Signed**

Name: \_\_\_\_\_ Role: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Role: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_