No 3B

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.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **What is the potential risk?** | **How do you usually manage this risk?** | **Does this risk affect how you participate in u3a activities?** | | | **What accommodations do you need?** |
| **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* |
|  |  |  |  |  |  |