

**NATIONAL MULTI-AGENCY
RISK ASSESSMENT FORM**

Risk Assessment Form

Complete this assessment form should you have any reason to believe that a child/ young person is at risk of harm or abuse. The purpose of this assessment is to gather evidence of the child's **strengths & needs**. The assessment aims to pave avenues that will address these needs so as to identify the nature & extent of support & services that the child/ young person may require. You are not required to complete all assessment factors to the same level of detail – concentrate on the areas of presenting issues brought to your attention/ related to your area of expertise. Do not hesitate to follow existing established child protection procedures if any risk, harm or abuse is identified. Please refer to Procedure Manual for returning procedure of the form after completion.

[PART 1]

Ref No:/.....

To be filled in by Assessor

CLIENT DETAILS

Name(s) of Client:

Surname:

D.O.B.

NIN: - -

Gender: Male / Female (Tick)

Address of Residence:
.....

Contact
Number(s):.....

District:
.....

School: Class:
.....

For Official Use Only

-