

**Education Provison**

**Risk Assessment for Visiting Speaker/Event**

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| Name of the Event: …………………… Date of risk assessment: …………………………..  Speaker: ……………………………….. Planned date Speaker/ Event …………………….. | |
| Nature of Event  (eg: assembly, talk, interactive learning etc) |  |
| Outline of the Content of the Event |  |
| Member of staff organising the event who is the point of contact for the speaker. |  |
| Confirm that research (eg:internet search) has been carried out on the speaker/event, and the organisation they are affiliated to – record detail |  |
| The Speaker has signed the Visiting Speakers Agreement | YES NO |
| The school office staff have been informed of the speaker in order that the speaker’s name can be added to the School diary, and any relevant vetting procedures can be undertaken overseen by the headteacher. | YES NO |
| Confirm that you agree to ensure that the Speaker is accompanied at all times, whilst on the premises | YES NO |
| Requested by | …………………(member of staff),  (sign and date) |
| Authorisation By Headteacher  Having completed the level of risk I am satisfied that this speaker/visit is suitable and that the planned event can go ahead.  Having completed this risk assessment is the level of risk. I have reflected on the evidence, and made the decision that this visit MUST NOT go ahead. (Headteacher to take appropriate action) | Agreed by the Headteacher  ………………………….. (sign and date)  Event MUST NOT go ahead and has been cancelled by the Headteacher  ………………………… (sign and date) |
| Post Event Evaluation |  |