

***Risk Assessment template for participants living on their own and receiving personal care***

The following template is to be completed by the assessing officer with the participant and/or their nominee. It is only used for participants living on their own

<b>Q1</b>	<b><i>Are you receiving in person or face to face supports from another provider</i></b>	<b><u>Yes</u></b>	<b><u>No</u></b>	<b><u>Action required</u></b>
<b>Q2</b>	<b><i>Does your NDIS Plan indicate or in day to day life do you have limited or no regular, face-to-face contact with relatives, friends or other people with that you know well.</i></b>			
<b>Q3</b>	<b>Without the assistance of another person do you have limited or no physical mobility</b>			
<b>Q4</b>	<b>Do you use uses equipment to be physically mobile or to facilitate their physical mobility.</b>			

<b>Q5</b>	<b>Do you have limited or no ability to communicate with others Without the assistance of another person.</b>			
<b>Q6</b>	<b>Do you use equipment to enable or facilitate communication with others, including the use of a phone or other device.</b>			

**Risk Mitigation actions required:**

- 1) Worker selection. Extensive worker screening has been conducted ( Yes/No)
- 2) The Participant and or their nominee has been involved in the support worker selection process. (Yes/No). Ensure you document where and when this has occurred in the participants file
- 3) Someone other than the support worker, generally management will check directly with the participant their level of satisfaction with the type, quality and frequency of personal support being provided. This will be done on a monthly basis and documented in the participant's file (Yes/No).
- 4) Supervision of the support worker performing their tasks will be on site at the participant's home by the manager or direct supervisor at least very two months or more if the participant's risk factors warrant greater frequency. This will be documented in the participant's file (Yes/No).
- 5) Have we or are we likely to refer this participants to another service or contractor (Yes/No)
- 6) If the answer to 5 is yes have we ensured that they have undergone screening checks and been provided with the risk assessment and the actions we have taken to mitigate these risks (Yes/No)



Further actions required:

a)

b)

c)

Signed .....

Position .....

Date.....