Criminal record check risk assessment form

This form is to be completed and used for the following purposes:

**1** When a successful candidate has been offered a role.

**2** When an existing volunteer/ employee has transferred to a role that requires a disclosure.

• Where required, the risk assessment needs to be completed before candidates can commence duties.

• If further action is necessary, this should be agreed between the volunteer coordinator and the line manager.

• Once completed this form should be signed by both the volunteer coordinator and the line manager.

• A review of the risk assessment should be carried out whenever a risk is presented.

**Section A To be completed by the volunteer coordinator and the manager**

Please complete in full:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Level of disclosure required: | Enhanced and barred   | Enhanced   | Standard   | Basic   |
| Directorate: |  | | | |
| Date of assessment: |  | | | |
| Name of assessor one (HR team): |  | | | |
| Name of assessor two (line manager): |  | | | |

|  |  |  |
| --- | --- | --- |
| **Question** | **Yes/No** | **Please provide details** |
| Has the applicant declared any cautions, convictions, reprimands, final warnings or bind overs in the UK or any other country,  or are they under police investigation? |  |  |
| Is this a single offence or has there been more than one offence? |  |  |
| Has any police intelligence been disclosed at chief police officer discretion which causes concern (if applicable)? |  |  |
| **Nature of conviction(s) or police intelligence disclosed (Continue on separate sheet if necessary)** | | |
| Offence(s): |  | |
| Date of conviction(s): |  | |
| Sentence(s) received: |  | |
| Age at time of offence(s): |  | |
| Length of time since conviction(s): |  | |

**Section B To be completed by volunteer coordinator and individual during risk assessment meeting**

|  |  |  |
| --- | --- | --- |
| **Question (Please provide details)** | | |
| What were the circumstances surrounding the offence(s)? |  | |
| Attitude to the offence(s) |  | |
| Efforts made to not reoffend |  | |
| **Question** | **Yes/No** | **Please provide details** |
| Have the individual’s circumstances  changed since the offence(s)? If so, how? |  |  |
| Are the offence(s) relevant to the post? |  |  |
| Is the individual taking part in a specific remedial/action programme? |  |  |
| Does the nature of the role present any  opportunities for the post-holder to reoffend in the place of work? \*\* |  |  |
| Does the post involve regular one-to-one/ unsupervised contact with vulnerable people? |  |  |
| Does the post involve direct contact with the public? |  |  |
| Does the post involve direct responsibility for finance or items of value? |  |  |
| Does the post involve a significant level of trust i.e. nursing or caring for people? |  |  |
| Is the individual barred from working in regulated activity? (If applicable) |  |  |
| Were suitable references obtained and ID checked? (If references gave cause for concern please state details) |  |  |
| What level of supervision does the post-holder receive? |  | |

**Enter below any further questions you feel may be relevant to the post in relation to criminal convictions.**

|  |  |
| --- | --- |
| **Question** | **Please provide details** |
| **Example - Will the reputation of organisation be affected?** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Signed: |  | Print name: |  | Date: |  |

**Section C To be completed by manager after risk assessment meeting has taken place**

Please enter below any precautionary measures recommended for the individual in light of the above information to minimise the risk of any reoccurrence of any potential criminal activity or associated behaviour. This can be expanded on as necessary for the particular role as required.

|  |  |
| --- | --- |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |

**Section D Criminal record risk hazard form**

Please record below any organisational risk of harm. This should relate specifically to the impact on the organisation and not the individual.

|  |
| --- |
| **Nature of hazard?**  e.g. reputational risk, risk of sexual harm, risk of theft |
|  |
| **Who might be harmed?** |
|  |
| **What is already/will be done to minimise risk?** |
|  |
| **Likelihood of hazard/risk occurring? Please select from:**  1 = Very unlikely 2 = Fairly unlikely 3 = Fairly likely 4 = Very likely |
|  |
| **Impact of hazard/risk? Please select from:**  1 = Minor impact 2 = Fairly serious impact 3 = Very serious impact |
|  |
| **What is the remaining risk based on likelihood and impact? e.g. low/medium/high** |
|  |
| **What further action is required?** |
|  |
| **Who is responsible for taking this action and by when?** |
|  |

**Section E To be completed by all parties carrying out the risk assessment**

 The information above has been considered and we are/are not satisfied that it is safe to allow the named applicant/employee to commence/continue work.

|  |
| --- |
| Detail action to be taken below: |

|  |  |  |
| --- | --- | --- |
| **Signed:**  Volunteer Coordinator |  | |
| **Print name and job title** | | Date: |
| **Signed:**  Manager |  | |
| **Print name and job title** | | Date: |
| **Signed:**  Member of the Board |  | |
| **Print name and job title** | | Date: |