

## Form – Participant at Risk Assessment Under Registration Group 107

## Participant At Risk Assessment Under Registration Group 107

<b>Client name:</b>	<b>NDIS no:</b>
<b>Client phone number:</b>	<b>Date of birth:</b>
<b>Address:</b>	
<b>Person completing assessment:</b>	<b>Date complete:</b> <b>Review date:</b>
<b>Risk Assessments Completed:</b>	<b>Client risk assessment</b> <input type="checkbox"/> <b>Appendix A – Sole Worker</b> <input type="checkbox"/>

Risk factors	Does risk factor exist?	
	Yes	No
The participant is not receiving, from any other NDIS provider, supports or services that involve regular, face-to-face contact with the participant.	<input type="checkbox"/>	<input type="checkbox"/>
The participant or the participant’s plan indicates that the participant has limited or no regular, face-to-face contact with relatives, friends or other people with whom the participant is well-acquainted.	<input type="checkbox"/>	<input type="checkbox"/>
Without the assistance of another person the participant has limited or no physical mobility.	<input type="checkbox"/>	<input type="checkbox"/>
The participant uses equipment to enable them to be physically mobile or to facilitate their physical mobility.	<input type="checkbox"/>	<input type="checkbox"/>
Without the assistance of another person the participant has limited or no ability to communicate with others.	<input type="checkbox"/>	<input type="checkbox"/>
The participant uses equipment to enable or facilitate communication with others, including to enable or facilitate the use of a phone or other device.	<input type="checkbox"/>	<input type="checkbox"/>

Form – Participant at Risk Assessment Under Registration Group 107

---

**Risk context**

**Summary:**

**What is the support / service / task to be provided?**

**Other Key personnel involved**

**If Risk Factors Identified Management Plan**

- Schedule quarterly face to face contact as far as practicable
- Monitor Life Skill Officer shift notes in CRM monthly
- Support Coordinator to check in with organisation providing support quarterly as far as practicable

**Form – Participant at Risk Assessment Under Registration Group 107**

**Review Notes**

--

Have you placed a copy of this assessment in the participant's file?  Yes  No

Have you provided a copy of this assessment to the participant?  Yes  No

**Name of Headway Staff Member:**

**Signature:**

**Date:**