**Appendix 4b**

**FOSTERING SERVICE**

**Risk Assessment – BEDROOM SHARING**

|  |
| --- |
| Proposed children to share the bedroom:  |
| Names:  | Date of Birth: Click or tap to enter a date. |

|  |
| --- |
| What is the specific risk to any of these children? |
|  |

|  |
| --- |
| Who is likely to present the risk and why? |
|  |

|  |
| --- |
| Actions required to manage the risk? (Describe possible strategies) |
|  |

|  |
| --- |
| Decision: |
|  |

|  |
| --- |
| Reason for Decision: |
|  |

**ACTION REQUIRED:**

|  |  |  |
| --- | --- | --- |
| **Tasks** | **Who** | **Timescales** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Please state when this Risk Assessment will be reviewed: Click or tap to enter a date.

Name: Signature:

Date: Click or tap to enter a date.