Risk Management Control Form

Student Group Template

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| Name of Organisation: | Type of activity(s): |
| Commencement Date and Time of Activity: | Date and Estimated Return Time: |
| Location: | |
| Leaders/ Instructors/ Guides: | Number of Participants: |
| Required Leader Skills: | |
| Aim of the activity: | |
| Experience of Participants: | |
| Medical Conditions of Participants (summary of significant medical conditions from Medical Information Forms): | |
| Medications: | |
| Risks: List the possible events where an accident, injury or loss could occur: | |

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|  | Dangers/ Real Risks  List the factors that could lead to the risk eventuating | Risk Management Strategies  What will you do to reduce the real risks? |
| People  Attributes people bring to an activity: skills, attitudes, physical fitness, health, age, fears, numbers, etc |  |  |
| Equipment  Resources that may impact on the activity EG clothing, equipment |  |  |
| Environment  Factors that impact on the activity: weather, terrain, site specific issues, access, etc. |  |  |