



GAUNTLET AUTO PROJECT LTD

Registered charity no. 1057537

Unit 5, Park Farm, Wood Lane, Ramsey, Cambridgeshire, PE26 2XA

Telephone: Ramsey (01487) 711161 Direct Contact: 07990.930261

www.gauntlet.biz

Risk Assessment Form for Referring Agencies

Name of Young PersonAge.....

Address

.....Post Code Date of Birth

Contact Telephone.....

Name of Referrer.....Position.....Date form filled in.....

Please provide your name and address, telephone number on reverse please.

THIS INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL.

Please give reasons for referring.	Please outline anything our volunteers and helpers need to be aware of in general.
Has this young person been involved in any of the following: <input type="checkbox"/> Theft <input type="checkbox"/> Criminal Damage <input type="checkbox"/> Violence <input type="checkbox"/> Abuse (verbal or physical) <input type="checkbox"/> Assault <input type="checkbox"/> Sexual offences (please indicate) <input type="checkbox"/> Other If ticked please fill in opposite box	Please give details:
Will the young person be supervised by your staff group? (State what level of supervision).	Please give any other details relevant to our management staff and senior volunteers. <input type="checkbox"/> Literacy/ numeracy problems. <input type="checkbox"/> Low Self Esteem <input type="checkbox"/> Poor Social Skills <input type="checkbox"/> A.D.H.D. <input type="checkbox"/> A.D.D. <input type="checkbox"/> Disabilities (please indicate) <input type="checkbox"/> Other (please indicate)

PLEASE CONTINUE ON A SEPARATE SHEET IF REQUIRED

The information submitted on this form will be assessed by the Project Coordinator and evaluated accordingly. It is also a requirement that this information is renewed and reviewed on a three monthly basis.