SOUTH WEST COMMUNITY TRANSPORT
TRADING AS
SOUTHERN HIGHLANDS COMMUNITY TRANSPORT and ACCESSIBLE TRANSPORT AUSTRALIA

NDIS PARTICIPANT RISK ASSESSMENT

Participant Name:		Participant Contact Number:
Participant Address:		Participant State:
NDIS Number:	Plan Start Date:	Plan Review Date:
Person completing Risk Assessment:		Date:

Area	Risks identified	Impact on whom		Risk rating	Risk management strategy	Person responsible	Date completed
What area does the risk relate to?	What type of risks may occur during the provision of supports to this particular client?	Who would be impacted?		Level of risk? (considering likelihood & seriousness)	How could the risk be prevented or impact minimised?	Who will be responsible for undertaking the strategy?	Click to enter date.
		Client	**Staff**				
Mobility • ability to manage on own • use of aids • indoors/outside • how does client transfer (independently / with assistant / with hoist)?		☐	☐	Choose an item.			Click to enter date.

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		Client	**Staff**				
Home / environment • dangerous objects onsite • any potentially dangerous animals on premises • others who reside or visit premises • issues with access to premises • safe place to park and exit vehicle		☐	☐	Choose an item.			Click to enter date.
Communication • hearing issues • speech issues • English language skills (interpreter required?) • use of aids		☐	☐	Choose an item.			Click to enter date.

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		Client	**Staff**				
Behaviour • behaviours of concern • support needs • nature of issues • triggers: language, people, situations		☐	☐	Choose an item.			Click to enter date.
Cognition • is client oriented in time and place? • is client able to accept direction? • memory issues		☐	☐	Choose an item.			Click to enter date.
Mental health • nature of issues • triggers: language, people, behaviours • relapse prevention plan • support networks		☐	☐	Choose an item.			Click to enter date.

Mealtime Management • does the client have a Mealtime Management Plan? • are there specific needs for managing swallowing, eating and drinking? • Are there any health risks, such as diabetes, anaphylaxis, swallowing difficulties or food allergies we need to be aware of? • Do meals or fluids require to be differentiated from other clients meals. • Do you require assistance with seating and positioning requirements for eating and drinking?							

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• Are there any triggers we need to be aware of?							