|  |  |
| --- | --- |
| **Organisation:**  |  |
| **Address and Contact Info:**  |  |
| **Dates or period risk assessment covers:** |  |
| **Location(s):** |  |
| **Assessment conducted by:** |  | **Contact:** |  |

| **Risk area/Potential risk** | **Level of risk** | **Planned mitigation measures (please ensure context-specific information is reflected)** | **Responsible person for monitoring the risk and implementing mitigation measure** | **Timeframe for implementation** | **Resources required** |
| --- | --- | --- | --- | --- | --- |
| **Low** | **Medium** | **High** |
| ***CHILD-LED ADVOCACY RISKS*** |
|  |  |  |  | *
 |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  | *
 |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| ***RISK OF HARM BY ADVOCATES*** |
|  |  |  |  |  |  |  |  |
| ***PRIVACY AND DATA PROTECTION RISKS*** |
|  |  |  |  | *
 |  |  |  |
| ***HEALTH AND SAFETY*** |
|  |  |  |  | *
 |  |  |  |
|  |  |  |  |  |  |  |  |