**Please outline the risks involved in your project.**

**Name and location of event:**

**Date of Event:**

**Form completed by:**

**Date of review:**

**Signed:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **How might the persons be harmed** | **Who could be harmed** | **Likelihood**  **Low / Medium / High** | **Impact**  **Low / Medium / High** | **Actions taken to mitigate risk.** |
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You may add addition rows, as required. Please return to the Grants Officer (grants@shgroup.org.uk)