Name of adult to be visited ……………………………………………………………………...

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| 1. Does the adult have a history of violence, or threatening behaviour? *If yes, please detail below* | Yes/No*Not known* |
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| 2. Is the adult a risk to themselves? | *Yes/No**Not known* |
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| 3. Does anyone living in the house have a history of violence or threatening behaviour? *If yes, please detail below* | Yes/No*Not Known* |
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| 4. Does anyone who visits the adult have a history of violence or threatening behaviour? *If yes, please detail below* | Yes/No*Not Known*  |
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| 5. Does the adult have any vulnerabilities that would make it inappropriate for him/ her to be visited alone (e.g. by a single male or female)? | Yes/NoNot Known |
|  |
| 6. Does the adult have any health problems that may cause unpredictable behaviour? *If yes, please detail below* | Yes/No*Not Known*  |
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| 7. Are there any health risks associated with visiting the adult at home? (Examples might be infestation, smoking, intravenous drug use, infectious diseases, dangerous pets?) *If yes, please detail below* | Yes/No*Not Known*  |
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| --- | --- |
| 8. Is the adult’s home in a well-lit area? *Please detail below any difficulties you are aware of* | Yes/No*Not Known*  |
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| 9. Is there suitable parking nearby, is this well-lit? *If known, please state below the best place to park* | Yes/No*Not Known*  |
|  |
| 10. Is there easy access to and exit from the home, more than one exit from the home. Are doors obstructed and not easily opened. *If yes, please detail below* | *Yes/No**Not Known* |
|  |
| 11.Are there any other risk factors or hazards (Including mental health, substance/alcohol mis-use)? *If yes, please detail below* | *Yes/No**Not Known* |
| 12. About the person conducting the visit.Name;1) Are they ordained Clergy, operating within a current Licence or Permission to Officiate? Yes/No2) If not, are they a safely recruited Licensed Lay Minister, Commissioned Pastoral Assistant or holder of some other licence or commission from the Bishop authorising them to conduct the visit on behalf of the parish? Yes/No/Not applicable 3) In either case, do they have current clear DBS and are they up to date with safeguarding training? Yes/No |
|  *Please detail below any other information you think is important* |

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| *Completed by …………. Role:**Copy passed to Parish Safeguarding Officer on ……………………………………….**Signed ……………………………………………………**Date:* |