

A PARTNERSHIP BETWEEN
Perth Association for Mental Health (PAMH), Gateway enterprises- The
Walled Garden and MoveAhead

Confidential Risk Assessment Form

**This form is available in other formats and all major languages, including
Braille**

Name of person	
In what capacity do you know the person & for how long?	

Assessment of Risk

Some of the activities that people may access could involve the use or access to equipment. It is therefore important that we are made aware of whether this person has a history of abusing drugs and/or alcohol. If this is the case, please provide relevant details.

Is/ has this person been at risk from themselves (e.g. self harm, suicide attempt, stopping medication)? If yes, please provide more information

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Confidential Risk Assessment Form (continued)

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Is/ has this person been at risk from other people (e.g. physical, emotional, psychological or sexual abuse, bullying)? If yes, please provide more information

Is/ has this person been a risk to other people (e.g. physical, emotional, psychological or sexual abuse, bullying)? If yes, please provide more information

Your Name:

Date:

Person in agreement:
(signature)

Date: