Risk Assessment Form		Date Risk Assessment carried out:	
Event:		Risk Assessment carried out by:	
Organiser's Name:		Name	
Venue:		(Block Capitals)	
Date & Time of Event:			
Any other Notes:			
		(signed)	
Hazard:	Likelihood of Risk		Review:
	(low/medium/high)	Measure:	

Risk Assessment Form for Mothers' Union Diocese of Gloucester 2014 onwards.