



Supporting me to stay safe and well

Insert photograph
here

My name: _____

1. About me

My birthday	
Who I live with now	
Where I live now	
My religion	
My gender	
My ethnicity	

2. My wishes, plans and outcome/s that I would like to achieve



3. Who is involved in the assessment process?

Name	Position	Line Manager	Lead Assessor/ Co-assessor

4. What are the sources of this information?



5. About my life (Relevant objectives I have achieved or not achieved in the past)

Date	Event	Comment



6. Things I am, or other people are concerned about:

a. Historical factors

b. Health factors

c. Social factors



7. Why is the assessment being carried out now?

8. What supports do I need to assist me in understanding the risks involved in trying to achieve this objective?



9. What supports do I need to build capacity to achieve my wishes?

(Do I fully understand the risks that I might be exposed to? Are there supports in place if the objective is not achievable because of risks involved? Can I be supported to achieve my goal at a later date?)



10. After looking at my risks what options have I got?

Significance of risk = likelihood x impact

	Negligible (1)	Minor (2)	Moderate (3)	Major (4)	Extreme (5)
Almost Certain (5)	5	10	15	20	25
Likely (4)	4	8	12	16	20
Possible (3)	3	6	9	12	15
Unlikely (2)	2	4	6	8	10
Rare/Remote (1)	1	2	3	4	5

Option 1:
Likelihood:
Impact:
Significance of Risk:
Relevant human rights involved in option:



Option 2:
Likelihood:
Impact:
Significance of Risk:
Relevant human rights involved in option:

Option 3:
Likelihood:
Impact:
Significance of Risk:
Relevant human rights involved in option:



11. My plan to manage risks

- Supports
- Triggers
- Human rights and capacity considerations
- Communication



12. How will my plan be put into place and monitored?

13. What do I think of my plan?



14. What do the people who support me think of my plan?

15. Who is allowed to see my plan?

16. Assessors and Person's signatures to agree document's content

	Lead Assessor	Co-Assessor
Name		
Signature		
Date		



17. Plan approval by joint group

Approved	Not approved	Comment: