Society Activity Plan, Risk Assessment & External Speaker Form

**The information from this form will be held electronically within the Institute of Education in Healthcare and Medical Sciences**.

**Please fill in and return via email to** **suttiecentre@abdn.ac.uk** **at least 10 days before the planned event takes place and wait for approval before booking any rooms (if required).**

# Event Information

**We do not need to be notified of committee meetings or sports society training sessions.**

## Society Name

## Event Title

## Description of event, expectations, and goals

## Venue

## Date

## Time

## Are you charging people to attend? Yes No

**Attendees:**

**Students Public Other (Please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)**

**If practicing any clinical skills, anatomical processes, or utilizing specific equipment, you must seek pre-approval from**

**Ashley Meldrum Senior Clinical Educator, Dr Angus Cooper or Professor Simon Parson.**

To obtain signature this form should be provided to Claire Dodyk or Agnieszka Kruk-Omenzetter who will arrange signature/meeting.

## Staff Signature

**If attendees are not all Students or NHS Grampian Staff, you must also complete the Event & External Speaker Form. Attached Below.**

* **To book a room, the atrium, or the breakout areas in the Suttie Centre, please use our online booking system:** [**https://www.abdn.ac.uk/suttie-centre/room-booking/bookings/calendar**](https://www.abdn.ac.uk/suttie-centre/room-booking/bookings/calendar)
* **To book any other space in the university please email** **roombookings@abdn.ac.uk**

**PLEASE REMEMBER BOOKING ROOMS IS NOT NOTIFYING US OF AN EVENT**

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| RECORD OF GENERAL RISK ASSESSMENT  |  |
| Local Reference Number:  |  |
| **Society** |  |
| **Event Title & location** |  |
| **Risk Assessor(s)** |  |
| **Step 1(a) - Description of Event, being assessed.** |
| **Step 1(b) What hazards have been identified?** | **Step 2- Who might be harmed & how?** | **Step 3(a)- What current risk control measures and precautions are in place and are they effective?** | **Step 3(b) Evaluate the risks****Please refer to the Risk Matrix below** |
|  | **Likelihood** | **Consequence** | **Risk** |
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|  **Consequence****Likelihood** | **Negligible** | **Minor** | **Moderate** | **Major** | **Extreme** |
| **Almost Certain** | Medium | High | High | **Very High** | **Very High** |
| **Likely** | Medium | Medium | High | High | **Very High** |
| **Possible** | Low | Medium | Medium | High | High |
| **Unlikely** | Low | Medium | Medium | Medium | High |
| **Rare** | Low | Low | Low | Medium | Medium |
| **Step 3(c) - What Further Action is Necessary? (where no Actions are required document this as N/A)** | **Step 4- Record Your Findings and Implement the actions (Ensure you record your findings, and the risk control measures/precautions are implemented)** |
| **Action Required** | **Person Responsible** | **Date Action to Start** | **Action Taken** | **Completed Date** |
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| **Has the risk assessment been agreed by the committee?** |  |  |
| **Name and Designation in society -**  | **Signature & Date** |
| **Risk assessment completed by (print name & designation)**  |
| **Signature**  | **Date** |
| **Have the finding of this risk assessment been communicated to all relevant people?** |  |  |
| **Method(s) of communication –**  |
| **Approval from School - Signature** | **Date** |

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| **Please only complete if Speaker is NOT UoA or NHSG.**  |

 **EVENT / EXTERNAL SPEAKER FORM** |
| The University is proud of the vibrant events which are held on its campus. These events benefit the University community and provide opportunities for discussion, debate and to gain knowledge. It is essential that events held on the University’s premises are safe, as the safety of staff, students and visitors is of paramount importance. To this end, all organisers of events on campus are required to complete this form in line with the accompanying Events and Speaker Policy available on the Policy Zone.  |
| 1 | **Organising Society:** |   |
| 2 | **Organisers details:** **(name & contact details)** |   |
| 3 | **Date & time of event?** |   |
| 4 | **Location of event?** |   |
| 5 | **Title & purpose of event?** |   |
| 6 | **Details of speaker/s:** **(Full name/s & organisation or affiliation)** |   |
| 7 | **How many attendees expected?** |   |
| 8 | **Have tickets been issued?** | **YES / NO** |
| 9 | **Is the event open to external attendees?** | **YES / NO** |
| 10 | **Where has event been advertised?** **(E.g. internally / social media / press)**  |  |
| 11 | **Is there any known or likely media interest?** | **YES / NO** |
| 12 | **Is the event likely to impact on the University's / Student Union's reputation?** | **YES / NO** |
| 13 | **Is there any known or likely impact on the safety of students, staff or the wider community attending the event?** | **YES / NO** |
| 14 | **Does the event have the potential to affect, either positively or negatively, relations between different community groups or between the equality protected characteristics?**  | **YES / NO** |