"New Schooling" Risk Assessment – Individual Staff

Person completing risk assessment	
Date completed	

Staff Name	Date available from	Falls under BAME Criteria	Shielding letter or in same household			Vulnerable group			Caring responsibilities - details		Currently Sick with a fit note		Currently Self isolating		**Working From Home**	
			Start	**End**	**Validation**	**In vulnerable group**	**Start Date**	**End Date**			**Start Date**	**End Date**	**Start Date**	**End Date**	**Start Date**	**End Date**

NEW BRIDGE MULTI ACADEMY TRUST

"NewSchooling Risk Assessment" – Staff

Staff Name	Date available from	Falls under BAME Criteria	Shielding letter or in same household			Vulnerable group			Caring responsibilities - details	Currently Sick with a fit note		Currently Self isolating		**Working From Home**	
			Start	**End**	**Validation**	**In vulnerable group**	**Start Date**	**End Date**		**Start Date**	**End Date**	**Start Date**	**End Date**	**Start Date**	**End Date**