

Signposts Multi-Agency Resource Centre Limited

Session Plan

Group/Session:

Date:

Time:

Venue:

Staff:

Number of participants expected:

Resources Required	Who's Responsible?

Aims & Objectives

- ❖
- ❖
- ❖
- ❖

Time	Description/Content	By Whom

Emergency Contact:

Phone Number:

Signposts Multi-Agency Resource Centre

Risk Assessment

Description of Risk/Hazard	Control Measures	Level of Risk <small>(after control measure)</small>
Type of group:		
Staffing:		
Venue/Environment:		
Equipment:		
Transport:		
Emergency Procedure:		
Additional:		

Completed by Date __ / __ / __

Signature