**PVG RISK ASSESSMENT FORM**

This form should be completed where awaiting a PVG check during the COVID-19 pandemic.

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| Post: |  | Appointee: |  |
| Service: |  | Recruiting  manager: |  |

|  |  |
| --- | --- |
| 1. Service area and vulnerable groups/service involved | |
|  | |
| 1. Frequency and type of contact with service users, including potential for lone working | |
|  | |
| 1. Potential risks and control measures that can be put in place to minimise risks | |
|  | |
| **Approved: Y / N** | **Approving manager signature:**  **Date:** |
| (If not approved, please outline temporary measures to be implemented pending PVG check) | |