This form is a mandatory initial risk assessment **for all** faculties and departments to complete when planning to host and event or speaker.

This form must be used in conjunction with the Code of Practice: Events and Speakers Process Pathway and the Prevent Policy and Code of Practice, for all Prevent Policy and guidance please [click here](https://students.solent.ac.uk/student-hub/prevent). Where more than one speaker is present at the event, please complete one form per speaker.

All questions in this form must be answered in full and the person completing the form is responsible for ensuring they conduct preliminary research in order that the questions are answered as accurately as possible. This is critical to an effective risk assessment process.

**The person completing the initial risk assessment form must answer all 3 questions – if the response to any of the questions is Yes or Unclear you must complete the mandatory secondary Risk Assessment (available on the** [**Prevent Portal**](https://students.solent.ac.uk/student-hub/prevent) **pages). For any queries, please email** [**safeguarding@solent.ac.uk**](mailto:safeguarding@solent.ac.uk)

**For events booked via the Solent University events team please follow the instructions** [**here**](https://staff.solent.ac.uk/campus-toolkit/conference-centre-and-events) **for Solent Student Union information use the link** [**here**](https://www.solentsu.co.uk/)**.**

**Prevent Officers:** Safeguarding Manager & Deputy Head of Student Experience (wellbeing)

**Designated Prevent Lead:** Head of Student Success

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| --- | --- |
| **Organiser Details** | |
| **Faculty/Dept** |  |
| **Name of Organiser** |  |
| **Contact Email** |  |
| **Contact telephone number** |  |

|  |  |
| --- | --- |
| **Event Details** | |
| **Title of Event** |  |
| **Date of Event** |  |
| **Venue/location of Event** |  |
| **Expected no. of Attendees** |  |
| **Event attendee information** |  |

|  |  |
| --- | --- |
| **Speaker Details** | |
| Speaker Name |  |
| Organisation |  |
| Contact Email |  |
| Contact telephone number |  |

**External Speaker Initial Risk Assessment**

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| --- | --- | --- |
| **Question** | **Response (please tick)** | **Further detail including assessment rationale/key information** |
| **Question 1**  Based on your research and to the best of your knowledge, has the speaker previously been prevented from speaking at any University or similar establishment or previously been known to express views that may be in breach of the Prevent Policy and Code of Practice? | **Yes** |  |
| **No** |
| **Unclear** |
|  | | |
| **Question 2**  Does the proposed title or theme of the event present a potential risk that views/opinions expressed by speakers may be in breach of the Prevent Policy and Code of Practice | **Yes** |  |
| **No** |
| **Unclear** |
|  | | |
| **Question 3**  Is the proposed speaker/theme likely to attract attendance from individuals/groups that have previously been known to express views that may be in breach of the Prevent Policy and Code of Practice? | **Yes** |  |
| **No** |
| **Unclear** |

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| **To be completed by Organiser Only** | |
| Signed by Organiser: |  |
| Name: |  |
| Position & Faculty: |  |
| Date of Completion: |  |
| Date sent to Faculty Executive Officer: |  |
| Date secondary risk assessment sent to Prevent Officer (applicable only where answers were Yes or Unclear): |  |