This form **is only** to be completed if the initial risk assessment form had ‘Yes’ or ‘Unclear’ response to any of the 3 risk assessment questions.

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 further information 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.

**Once complete please send this form to the Prevent Officer at** **safeguarding@solent.ac.uk** **15 days in advance of the event.**

**For any queries, please email** **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** |  |

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| **Event Details** |
| **Title of Event** |  |
| **Date of Event** |  |
| **Venue/location of Event** |  |
| **Expected no. of Attendees** |  |
| **Event attendee information:**Please use this space to tell us who will be attending the event, i.e. students, public, etc. |  |
| **About the event:**Please use this space to provide a short description of the event |  |

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| **Speaker Details** |
| **Speaker Name** |  |
| **Organisation** |  |
| **Contact Email** |  |
| **Contact telephone number** |  |
| **About the Speaker:** Please use this space to inform us what subject the speaker will be talking about and any other information you think we need to know, including any knowledge of controversy attracted by the speaker or topic in the past.  |  |

**External Speaker Risk Assessment**

**Please assess the perceived level of risk and indicate high, medium or low**

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| **Question** | **Response****(Yes/No/unclear)** | **Detail including assessment rationale** | **Indicate Perceived level of risk High, Medium,****Low** |
| **Is the event likely to attract media attention?** |  |  |  |
| **Is the topic likely to attract protest or serious disagreement?**  |  |  |  |
| **Has there been disruption at previous events related to this topic at Southampton Solent University or elsewhere?**  |  |  |  |
| **Is the speaker likely to attract protest or disruption?**  |  |  |  |
| **Has there been disruption at previous events the speaker has spoken at?** |  |  |  |
| **Is there an identified risk in relation to the speaker?**  |  |  |  |
| **Is the event likely to attract media attention?** |  |  |  |
| **Have similar events in the past attracted media attention, either at Southampton Solent University or elsewhere?**  |  |  |  |
| **Is there likely to be a risk to the reputation of the Solent Students’ Union or Southampton Solent University?** |  |  |  |
| **Have background checks been conducted?** |  |  |  |
| **Has the request been escalated to the University Prevent Officer and/or Designated Prevent Lead?** |  |  |  |
| **Has the University Prevent Officer and/or Designated Prevent Lead raised any issues or requested any measures be put in place to mitigate risk?** |  |  |  |
| **Does the event require staff or security to be present?** **If so who will attend?** |  |  |  |
| **Has the speaker been sent a privacy notice?** **Has the speaker been made aware how their details will be processed, for what purpose and how long they will be kept on record for?**  |  |  |  |
| **Overall Risk Assessment:** **(Low, Medium, High - include short summary rationale)** |  |

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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 sent to Prevent Officer:  |  |
| **To be completed by Solent University Prevent Officer/Lead Only**  |
| Is the external speaker request approved? (Yes/No) (Please include rationale) |  |
| Were conditions applied to the event? (Yes/No) (Please include details of conditions and rationale) |  |
| Was any appeal made to final decision: (Yes/No) (Please include detail of outcome)  |  |
| Prevent Officer/Lead sign off:  |  |