



Sole Support Worker Provider Risk Assessment and Risk Mitigation – Supervision Plan

NOTE: If as a result of the Sole Support Worker Provider Risk Assessment and Risk Mitigation for a participant there are existing risk factors, the below Supervision Plan is applicable and must be completed for the Participant's support worker based on the Participant's risk factors.

Participant's Name in Full:

Present Risk Factor	Risk Rating*	Supervision Steps
<i>[E.g., Without the assistance of another person the Participant has limited or no physical mobility.]</i>	<i>[Low]</i>	<i>[Take low level steps from policy]</i>

*Risk assessment rating is assessed in line with the Access4u Risk Management Policy and Comprehensive Risk Assessment.

Sole Worker – Participant Support

Name in full of Sole Worker Staff member:

Date Sole Worker commenced support:

Once completed this document is to be kept on file for the Participant along with the Sole Support Worker Provider Risk Assessment and Risk Mitigation. It must be updated if there are any changes in circumstances including change in sole worker.

Name in full of person completing this form:

Signature:

Date form completed: