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| Safeguarding assessment for Body Image Coach workshops. Email to: hello@bodyimagecoach.co.uk | | | |
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| Set up | Name of staff member | Notes | Name and signature |
| 1. -Who is your safeguarding officer?   -How many people are in your cohort(s)  -Do you have a safe space to run our workshops?  -Do you have a safe space for participants to go if they feel upset? |  |  |  |
| 1. Which staff will be attending all workshops, that are trained to deal with a mental health crisis, should this occur? |  | When did they complete their mental health training? |  |
| 1. Has/will each participant, inform(ed) their parent/guardian and handed back a signed ***consent form*** from? (please collect signed consent forms first) |  | Yes\_\_\_\_\_\_  No\_\_\_\_\_\_\_ |  |
| 1. Do you have details on record, for all participants: Next of Kin   GP  Mental health and medications  Learning difficulties  Risk  Third party services involvement (social services, CAMHS etc) |  | Yes\_\_\_\_\_\_  No\_\_\_\_\_\_\_ |  |
| 1. Do you hold details of local services, should a participant need immediate support for their mental health? |  | Yes\_\_\_\_\_\_  No\_\_\_\_\_\_\_ |  |
| 1. Do you have the capacity to take a participant to A&E or other emergency services, should they feel at risk to themselves during or after their workshops? |  | Yes\_\_\_\_\_\_  No\_\_\_\_\_\_\_ |  |

**By signing this form, you are agreeing to take full responsibility for each participant that attends our workshops and service, ensuring you have safeguarding measures in place, with two staff members present for each workshop delivered (one of which, knows what to do in a mental health crisis). You agree that parents/guardians have consented to the use of our service and that you will ensure that each participant is safe.**

**Signed: Date:**