**Supporting me to stay safe and well**

Insert photograph here

My name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. About me

|  |  |
| --- | --- |
| My birthday |  |
| Who I live with now |  |
| Where I live now |  |
| My religion |  |
| My gender |  |
| My ethnicity |  |

1. My wishes, plans and outcome/s that I would like to achieve
2. Who is involved in the assessment process?

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Position | Line Manager | Lead Assessor/ Co-assessor |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |

1. What are the sources of this information?
2. About my life ( Relevant objectives I have achieved or not achieved in the past)

|  |  |  |
| --- | --- | --- |
| Date | Event | Comment |
|  |  |  |
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1. Things I am, or other people are concerned about:
	1. Historical factors
	2. Health factors
	3. Social factors
2. Why is the assessment being carried out now?

1. What supports do I need to assist me in understanding the risks involved in trying to achieve this objective?
2. What supports do I need to build capacity to achieve my wishes?

(Do I fully understand the risks that I might be exposed to? Are there supports in place if the objective is not achievable because of risks involved? Can I be supported to achieve my goal at a later date?)

1. After looking at my risks what options have I got?

**Significance of risk = likelihood x impact**



|  |
| --- |
| Option 1:  |
| Likelihood: |
| Impact: |
| Significance of Risk: |
| Relevant human rights involved in option: |

|  |
| --- |
| Option 2:  |
| Likelihood: |
| Impact: |
| Significance of Risk: |
| Relevant human rights involved in option: |

|  |
| --- |
| Option 3:  |
| Likelihood: |
| Impact: |
| Significance of Risk: |
| Relevant human rights involved in option: |

1. My plan to manage risks
* Supports
* Triggers
* Human rights and capacity considerations
* Communication
1. How will my plan be put into place and monitored?
2. What do I think of my plan?
3. What do the people who support me think of my plan?
4. Who is allowed to see my plan?
5. Assessors and Person’s signatures to agree document’s content

|  |  |  |
| --- | --- | --- |
|  | Lead Assessor | Co-Assessor |
| Name |  |  |
| Signature |  |  |
| Date  |  |  |

1. Plan approval by joint group

|  |  |  |
| --- | --- | --- |
| Approved | Not approved  | Comment: |
|  |  |  |
|  |  |  |
|  |  |  |