**CHECKLIST FOR VISITING SPEAKERS**

|  |  |  |
| --- | --- | --- |
|  | **Action** | **Details** |
|  | **Details of the arrangements** |  |
|  | Name of the staff member responsible for booking the Visiting Speaker. |  |
|  | Name of Visiting Speaker. |  |
|  | Visiting speaker contact details. |  |
|  | Date of presentation. |  |
|  | Audience details. |  |
|  | Confirm that:   * the Visiting Speaker Policy has been sent to the Visiting Speaker * the Visiting Speaker has been briefed on the School’s Safeguarding Policy |  |
|  | **Checklist** |  |
|  | Visiting Speaker biography, to include speaker’s organisation and other affiliations. |  |
|  | Details of presentation to be provided. |  |
|  | Details of research undertaken on visiting speaker (i.e. check the internet for any recent published reports, statements or speeches made by the individual, any retractions or public apologies etc). |  |
|  | Are you satisfied that the content seen in response to 9 above is not in any way contrary to the School’s Equality Policy, the ethos of inclusion of the School, British values or any concern in relation to the Prevent Duty?  If such concerns exits, refer the matter to the designated safeguarding lead (DSL). | Yes No (refer to DSL) |
|  | Will the Visiting Speaker be left alone with pupils and undertaking a regulated activity? If yes, complete 12 below and inform the DSL. | Yes (refer to DSL) No |
|  | Enhanced DBS certificate details: | DBS number:  Date of issue: |
|  | Name of person responsible for supervising the Visiting Speaker whilst they are on site. |  |
|  | Confirm the Risk Assessment form has been completed and a copy provided to the DSL |  |
|  | Confirm a copy of this form has been provided to [NAME] for inclusion on the Single Central Register. |  |

Signed Date

……………………………………………………………………………………………………………

Countersigned by [Bursar/Head/Senior Leader]

Signed Date

……………………………………………………………………………………………………………

**RISK ASSESSMENT**

|  |  |  |  |
| --- | --- | --- | --- |
| ­School |  | **Assessor's Name & Job Title** | INSERT NAME & JOB TITLE |
| **Date** |  |
| Description of area to be assessed: | | Who is at risk? |  |
| **How many people affected?** |  |
| **How often and for how long?** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Hazards and Risks Identified** | **Existing Control Measure** | **Action to be taken by** | **Level of Risk**  **(when action taken)** |
|  |  |  | INSERT LOW MEDIUM OR HIGH |
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Signature……………………………………………………………………………..

Date…………………………………………………………………………………….