

**Name of Peer Support Group:**

Activity

Date

Description

Location

Responsible Person/s

Risk Assessment Completed by:

Name

Date

Email

Phone

<b>Potential risks/hazards (list each on separate line)</b>	<b>Likelihood of occurrence (for each risk identified) Low, Medium, High</b>	<b>Identified consequences</b>	<b>Mitigation/Controls (How will the potential risk be reduced)</b>

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