Safety Plan

Name:

Student no:

Risks	Actions	Date	signature
Personal safety			
Going out (changing routes, not going in the area where you came from)			
Do you need a personal alarm			
Meeting friends/family			
Are children involved			
Telephone use (may need to change sim, new phone, change number, GPS switched off)			
Liaise with/alert campus security			
Collating evidence if needed (ie texts and phone calls, police logs)			
Internet access i.e. face book/snap chat			
Car			
Any additional considerations			

Property		
Does property need securing		
Any belongings needed		
Returning to property		
netarining to property		
Visiting friends or family nearby		
Any additional considerations		
Medical		
Any medication needed		
Any injuries which need attention		
Is a change of GP required		
is a change of Grifequired		
Any additional considerations		

Children		
Safety at school/nursery		
Who picks them up		
Informing school		
Are children safe in the locality (i.e. park, town centre etc)		
Any additional		
Financial		
Bank accounts/post office account (i.e. joint account)		
Will		
Internet banking		
Any joint finances (i.e. hire purchase, debts etc)		
Benefits (joint claim, change of address etc)		
Any additional considerations		

Additional								
Your signature below is intended to show that you are aware of what is in the document and that you understand and agree with the contents and decisions except where disagreements have been documented.								
Student signature	Date	Staff signature	Date					