

St John's Anglican College

Homestay Self Risk Assessment Form



To be completed and submitted to the Homestay Coordinator with your homestay application to homestay@sjic.qld.edu.au.

| DETAILS RISK ASSESSMENT FORM | | | |
|--|------------------|---|---------------|
| Date of Assessment: | | | |
| Homestay Family Name: | | First Name: | |
| Street Address of Venue: | | | |
| Suburb: | | Postcode: | |
| Home Number: | | Mobile Number: | |
| Email: | | | |
| Household Details: | | | |
| Number of Adults living in the premises: | | Number of Children under 18 years of age: | |
| Family members with current first aid qualifications: | | Number of adults issued with a Blue Card: | |
| Medical Information – please provide the name of the nearest Doctor's Surgery / Hospital | | | |
| Name of Medical Facility: | Address Details: | | Phone Number: |
| | | | |

Please note:

Personal information that may be obtained, stored and released is done so in accordance with the *Privacy Act 1988*. For further information please refer to the college's *Privacy Procedure* at www.stjohnsanglicancollege.com.au.

Homestay Family Signature:

| | |
|----------------------|--|
| Submitted by: | |
| Signed: | |
| Date: | |

Office Use Only:

| | |
|--|--|
| Date Submitted: | |
| Homestay Coordinator (International Program): | |



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(Please refer to the example below to complete the Homestay Self Risk Assessment Form for your home on the following pages)

| Area | Risks | Level of Risk (please circle one) | Risk Management Strategy |
|---------------|--|--|---|
| Environmental | <ul style="list-style-type: none"> Traffic Pollution Unfenced yard Cars Alcohol R rated movies Medication Pets Cigarettes Others (Poisons) | <ul style="list-style-type: none"> low n/a low low low low low low low low low | <ul style="list-style-type: none"> Advise of cars speeding down street n/a Live on the Coast Ensure student aware of local traffic concerns Advise of licence requirements Complete regular stick takes Ensure parents lock on TV is switched on Students to store medication away from homestay children Introduce pets to student Parent to store cigarettes away from homestay children Parent to store poisons away from homestay children |
| Facilities | <ul style="list-style-type: none"> Swimming pool Exercise bike Renovation Tool shed | <ul style="list-style-type: none"> High low n/a low | <ul style="list-style-type: none"> Advise to keep gate shut at all times Instruct student how to correctly and safely use n/a Advise student to keep shed locked |
| Human | <ul style="list-style-type: none"> Visitors Other children Absence of supervision Work Staying overnight with another homestay family Travelling Unable to contact Illness Emotional stress Theft Relationships | <ul style="list-style-type: none"> Major low low low low Medium Medium low low low Medium | <ul style="list-style-type: none"> Advise student not to allow entry of unknown visitors Discuss privacy issues with homestay children Ensure house safety rules are followed Advise of own seasonal work commitments Ensure positive notification is received from other Homestay family Ensure car registered and road worthy Record student's mobile number and give out own emergency contact details Ensure medical attention is sought Advise of recent death in the family Ensure all doors and windows are locked Advise of recent family separation |



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Homestay Self Risk Assessment Form for (Please insert your family name) _____

| Area | Risks | Level of Risk (please circle one) | Risk Management Strategy (Must be completed) |
|----------------------|--|-----------------------------------|--|
| Environmental | <ul style="list-style-type: none"> • Traffic | low medium high | (Advise of cars speeding down street) <hr/> |
| | <ul style="list-style-type: none"> • Pollution | low medium high | <hr/> |
| | <ul style="list-style-type: none"> • Fire | low medium high | <hr/> |
| | <ul style="list-style-type: none"> • Cyclones | low medium high | <hr/> |
| | <ul style="list-style-type: none"> • Unfenced yard | low medium high | <hr/> |
| | <ul style="list-style-type: none"> • Cars | low medium high | <hr/> |
| | <ul style="list-style-type: none"> • Alcohol | low medium high | <hr/> |
| | <ul style="list-style-type: none"> • R rated movies | low medium high | <hr/> |
| | <ul style="list-style-type: none"> • Medication | low medium high | <hr/> |
| | <ul style="list-style-type: none"> • Pets | low medium high | <hr/> |
| | <ul style="list-style-type: none"> • Cigarettes | low medium high | <hr/> |
| Facilities | <ul style="list-style-type: none"> • Swimming pool | low medium high | <hr/> |
| | <ul style="list-style-type: none"> • Exercise bike | low medium high | <hr/> |
| | <ul style="list-style-type: none"> • Renovations | low medium high | <hr/> |
| | <ul style="list-style-type: none"> • Tool shed | low medium high | <hr/> |



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| Area | Risks | Level of Risk (please circle one) | Risk Management Strategy (Must be completed) |
|--------------|--|-----------------------------------|--|
| Human | <ul style="list-style-type: none"> • Visitors | low medium high | |
| | <ul style="list-style-type: none"> • Other children | low medium high | |
| | <ul style="list-style-type: none"> • Absence of supervision | low medium high | |
| | <ul style="list-style-type: none"> • Work | low medium high | |
| | <ul style="list-style-type: none"> • Staying overnight with another homestay family | low medium high | |
| | <ul style="list-style-type: none"> • Travelling | low medium high | |
| | <ul style="list-style-type: none"> • Unable to contact | low medium high | |
| | <ul style="list-style-type: none"> • Illness | low medium high | |
| | <ul style="list-style-type: none"> • Emotional stress | low medium high | |
| | <ul style="list-style-type: none"> • Theft | low medium high | |
| | <ul style="list-style-type: none"> • Relationships | low medium high | |
| | Others | | |

Date:

Signature: