**WBC NEW AND EXPECTANT MOTHER / BIRTHING PARENT**

**RISK ASSESSMENT FORM**

|  |  |
| --- | --- |
| **School:** |  |
| **Employee’s name:** |  |
| **Job title:** |  |
| **Expected date of confinement:** |  |
| Has the employee’s health professional (GP, Midwife etc.) made any recommendations about the employee’s work? If yes, list. If no but subsequent recommendations are made, the maternity risk assessment will need to be reviewed. | |
| Having referred to the existing general risk assessments relevant to the employee’s job, list the identified significant hazards: | |
| Are the current risk control measures suitable and adequate? YES/NO (delete as appropriate) | |
| If no, what additional risk control measures are required? | |
| Are adjustments to working conditions/hours required? If so, list. | |
| Additional remarks: | |
| RISK ASSESSMENT UNDERTAKEN BY: AUTHORISED BY:  Signed: Signed: ------------------------------  Name:: Name: ------------------------------  Position: Position: ------------------------------  Date: Date: ------------------------------ | |

* Retain the completed form confidentially on school files and give a copy to the employee.
* Make sure you update the assessment when changes or issues occur.

For guidance on hazards and risk controls, refer to the ‘New and Expectant Mothers / Birthing Parent’ section in the online WBC Health and Safety Manual for Schools. For further advice contact the corporate Health and Safety Team via email to [HREnquiries@wokingham.gov.uk](mailto:HREnquiries@wokingham.gov.uk) or phone 0118 974 6116.