


# Management: Procedure to Reduce Risk's Preview

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Fields marked with ★ are required.

## Section 1

**Project Description: ★**

**Reflective notes on experience: ★**

**Resources used: ★**

**Lessons learned: ★**

## Section 2

**Assessor Full name: ★**

**Assessor registration number:**

**Grade of assessor ★**

**Assessor's email ★**

**Date ★**

**Comments on Project Description: ★**

Please note the trainee's performance on the following areas:

**Identifies high risk area: ★**

**Comments:**

**Draws up draft protocol of new procedure: ★**

**Comments:**

**Tests new procedure for validity and feasibility: ★**

**Comments:**

**Pilots and ensures compliance for appropriate period: ★**

**Comments:**

**Monitors results accurately: ★**

**Comments:**

**Produces report for department: ★**

**Comments:**

**Produces evidence of reduced risk or puts in place robust monitoring procedures: ★**

**Comments:**

Trainers comments: By submitting this form, I can confirm that the submitted work is the work of the trainee, and I confirm that the trainee had support in developing some ideas but at all times acted autonomously.

**Sign off**

No            Yes

