



Dignity of risk acknowledgement

REVIEVED DATE:
REVIEVED BY:

Consumer Details

Name of Consumer:

D.O.B:

Initial assessment date:

Consistent with our values of Care, Support, Dignity, Choice and respect, Adelaide Quality Care is committed to promoting a consumers' / participant's individual right to self -determination, to make their own choices, including the choice to take risks.

Adelaide Quality Care actively promotes a persons' individual right to make their own choices regarding their daily activities and their decisions about life, AQC with work collaboratively with the consumer / participant and their representatives where applicable to access the risk, implement risk mitigation strategies and to establish outcomes that meets the consumers' / participants' choice.

I, _____
Of _____
Date: _____

☐ Being the consumer / participant or ☐ I am acting as a representative on behalf of the consumer
(Need evidence they have authority to act on behalf of)

I, the consumer/participant, hereby acknowledge that:

- ☐ The risk of the below activities was discussed, and it was fully explained by AQC staff and management.
- ☐ I will take full responsibility for the risk associated to the below planned activity or behaviour.
- ☐ I acknowledge the risk associated to the planned activity or behaviour performed by or participated in by me and this does not pose a risk to others:
 - AQC employees - The general public - AQC as a business entity.
- ☐ I will ensure I consider my own safety when I partake in the planned activity or behaviour.
- ☐ I understand and have actively participated in the risk assessment process.
- ☐ One of the outlined acknowledgements has been completed.

Acknowledgement - next page

Activity or Behaviour identified as posing a risk (details to include activity and the anticipated risk)



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REVIEVED DATE:
REVIEVED BY:

Staff, management and or Doctor/Allied Health Professional (as applicable) and I have discussed the risks of the following activities:

Activity/Behaviour

Anticipated Risk:

Consumer/Representative Acknowledgement

Consumer / Participant
Signature:

Date:

Or Representative (Legal appointment)

Name:

Relationship:

Signature:

Date:



Dignity of risk acknowledgement

REVIEVED DATE:
REVIEVED BY:

Phone:

AQC Representative

Name:

Position:

Signature:

Date:

☐ Signed Copy provided to client

Date provided: _____

Office use only:

☐ Enter review note

☐ Scanned to drobox

Date of review (12 monthly minimum):

☐ I have discussed the purpose of this acknowledgement and the activities/behaviours that the consumer / participant is choosing to partake in, and I am satisfied that the consumer / participant identified above understands the associated risk and have provided their informed verbal acknowledgement to these.

Name:

Position:

Signature:

Date:

OR

☐ I have discussed the purpose of this acknowledgement and the activities/behaviours that the consumer / participant is choosing to partake in and whilst I am satisfied that the consumer / participant identified above has had the associated risks discussed with them, they are exercising their right not to sign or provide a verbal acknowledgement.

Name:

Position:

Signature:

☐ Signed copy provided to consumer / participant

Date:

☐ Consumer / participant refused copy to be provided

Date: