### **Welfare Assessment**

Encampment location	
Date and time of	
assessment:	
Names of assessors:	
1. Vehicles	
Registration, Colour, and Description (e.g. make and model) of Caravan/Campervan	1.
Registration, Colour, Model and Description of additional vehicles (e.g. car, van)	
2. Occupiers:	
Male (Adult):	
Female (Adult):	
No of child occupants (under 16) and DOB/ages:	
3. Animals	
No and type of animals?	
Are they tethered?	
Any concerns?	

4. Health/Welfare Issues:		
(1) Name/DOB/ Issue:		
Summary of discussion (e.g.		
referred to local GP):		
Does this issue prevent the		
individual from moving on?		
If yes or possibly what action		
will be/has been taken?		
(2) Name/DOB/ Issue:		
Company of discussion (s. a.		
Summary of discussion (e.g.		
referred to local GP):		
Does this issue prevent the		
individual from moving on?		
If yes or possibly what action		
will be/has been taken?		
Will be ride been taken.		
5. Pregnancy:		
Are any women pregnant?		
If yes provide name, due date,		
concerns, hospital registered		
at, etc., treatment receiving		
and if in good health.		
If appropriate what action will		
be/has been taken? (e.g.		
Health Visitor asked to visit,		
refer to GP.)		

	6. Education:	
scł	ildren attending local nools – name, DOB & nool:	
exa in t	of children that have aminations at a local school the next four weeks include tails?	
act	y education issues and ion taken (e.g. arrange for ucation service to visit)	
	7. Other details:	
a)	Where have you travelled from?	
b)	b. Reason for stay/encampment (e.g. travelling through, work, etc):	
c)	How long do you intend to stay?	
d)	Are you expecting others to join you?	
e)	Group Origin: (e.g. Irish Traveller, Roma)	
f)	Access to toilet facilities. Details:	
g)	Did occupiers refuse to provide information?	
h)	Are occupiers looking for permanent residency or a transit site in Flintshire and details of	

permanent/accommodation residency elsewhere?	
Signature of occupier	
Signature of Assessor	
8. Additional Notes:	

### Follow up assessments

Date:	
Assessors:	
Details of any	
changes since	
previous	
assessment:	
Signature of	
occupier	
Signature of	
Assessor	
Additional Notes:	
Date:	
Assessors:	
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Details of any	
changes since	
previous	
assessment:	
Signature of	
occupier	
Signature of	
Assessor	
Additional Notes:	