

St Chad Irby with St Bartholomew Thurstaston



Application form for volunteer roles involving children, young people or vulnerable adults

Section A (Please complete in **BLOCK CAPITALS** using black ink)

If you have a disability that may make the completion of this form difficult, the form can be completed by someone on your behalf but we will still require your signature. If you have a disability that may make it difficult for you to attend an informal chat regarding the role, please advise us so we can assist you as appropriate.

By applying to work with children or vulnerable adults within the Church you are confirming that you are not barred from working with vulnerable groups. If this is not the case, you are committing a criminal offence.

Role(s) Applied For: _____

Title: Mr/Mrs/Miss/Ms/Other (please specify) _____

Current Full Name: (please include all forenames in addition to your surname)

Name Known By: (if applicable) _____

Full Address; _____

_____ **Postcode:** _____

Preferred Contact Telephone number(s): _____

Email Address: _____

How long have you lived at the above address? _____

(If less than 12 months, please state your previous address and parish / church)

Name of Group with which you intend to work: _____

Where and when they meet: _____

How often they meet: _____ **Age range of Group:** _____



Question 1 of 3

Please tell us something about yourself – any interests or experience you have which are relevant to the role

Question 2 of 3

Do you have any current medical conditions you feel we should be aware of in order that we can ensure your wellbeing whilst you undertake the role(s)?

Question 3 of 3

Please give names, addresses and telephone numbers of two people who we may contact who have known you well for at least 2 years and would be able to comment on your suitability for this role.

We cannot accept references from your relatives or family members; your Parish Priest / Deacon or members of your Diocesan/Religious Safeguarding Team. Please note that only 1 of the 2 required referees may be a member of the group/activity to which you are applying to work.

Referee 1

Full Name

Full Address

Postcode

**Preferred contact
telephone number(s)**

Email Address:

In what capacity does this person know you?

Referee 2

Full Name

Full Address

Postcode

**Preferred contact
telephone number(s)**

Email Address:

In what capacity does this person know you?

Declaration (please read, sign & date)

- I give my consent, in accordance with the Data Protection Act 1998, for the information contained in this form to be processed and stored for the purposes of recruitment.
- I understand that a DBS (Disclosure and Barring Service) pre-appointment vetting check will be required as part of the recruitment process. Details of the DBS check will be recorded and retained

St Chad Irby with St Bartholomew Thurstaston



indefinitely on the National CCPAS Confidential Database.

- By making this application I confirm that I am not barred from working with vulnerable groups and understand that to apply to work with children/vulnerable adults when barred from doing so is a criminal offence.
- In the event that I am not appointed or in the future step down from the post, I understand that relevant information will be retained on file until I reach normal retirement age, or for 10 years if that is longer. (As per Working Together good practice guidance)

I declare that the information I have given on this form is correct and true to my knowledge.

Are you willing to undertake a course of training pertinent to your area of work, within the next 12 months?

Yes No

Signed:

Dated:

Name (Please Print) _____

Please return this form Section A and B to (Safeguarding Co-ordinator):



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Section B (Please complete in **BLOCK CAPITALS** using black ink)

Application form for volunteer roles involving children young people or vulnerable adults

Declaration

This form is strictly confidential and except under compulsion of law, will be seen only by those responsible for the appointment and when appropriate, the diocesan safeguarding adviser.

All forms will be kept securely under the terms of the Data Protection Act 1998.

Guidelines from the Home Office following the Children Act 1989 advise that all voluntary organisations, including churches, should take steps to safeguard children who are entrusted to their care. In accordance with the House of Bishops' Policy on Safeguarding Children, Young People and Vulnerable Adults, you are therefore required to make the following declaration:

Have you ever been convicted of a criminal offence (including any "spent convictions" under the Rehabilitation of Offenders Act 1974) or placed on probation, or discharged absolutely or conditionally for a criminal offence? Yes No

Have you ever been cautioned by the police, given a reprimand or warning or bound over to keep the peace? Yes No

Are you at present under investigation? Yes No

Have you ever had a child removed from you or placed under supervision by the Local Authority? Yes No

Do you suffer, or have you suffered from any illness, disease or disability which may affect your ability to work with children and / or young people? Yes No

Has your conduct ever caused or been likely to cause harm to a child or put a child at risk, or, to your knowledge, has it ever been alleged that your conduct has resulted in any of those things? Yes No

Have you, since the age of eighteen ever been known by any name other than that given below? Yes No

Have you during the last five years, had any home address other than that given below? Yes No

*If you answered **YES** to any of the above, please give details which may, if you wish, be enclosed in a separate sealed envelope. It will be regarded as relevant only to this application and will not necessarily debar you from consideration. The object of this is not, in any way, to reflect upon your integrity, but it is necessary simply to protect the children and young people, the parish priest and the PCC.*

Signed _____ Date _____

Before an appointment can be confirmed applicants must provide a satisfactory enhanced disclosure from the Disclosure and Barring Service .

St Chad Irby with St Bartholomew Thurstaston



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St Chad Irby with St Bartholomew Thurstaston
Parish Office
St Chad's Vestry
Roslin Road
Irby
Wirral CH61 3UH

Date:

Letter to referees

Dear XXXXX

Re: Reference Request for XXXXXXXX

(name of professional/volunteer) has offered to work in a professional/voluntary capacity as a helper at St Chad Irby and St Bartholomew Thurstaston (name of organisation – e.g. youth club, Sunday School) and has given me your name as a referee.

The Diocesan guidelines state that the welfare of children and young people is paramount, and they require parishes to enquire into the background of those working with children and young people in the church.

I would be very grateful if you would fill in the enclosed form, and return it to me via my email address if possible which is generally a quicker and more effective method of tracking responses or my home address if returning via royal mail. If you have any queries please do let me know.

You will recognise that these are sensitive matters, however it is now standard for questions like these to be asked of everyone who works with children and young people, whether in a paid or unpaid capacity and your answers will be treated in utmost confidence.

May I take this opportunity of thanking you for your help.

Yours faithfully

Kathryn Timmins
Safeguarding Co-ordinator
St Chads Irby with St Bartholomew Thurstaston
kathryn.timmins@icloud.com

Rydal
Well Lane
Ness
Wirral CH64 4AW

St Chad Irby with St Bartholomew Thurstaston



Appendix 4 - Answer form for referees

Reference Form for Candidates applying to work with Children, Young People and Vulnerable Adults

Name of Candidate: _____

Post applied for: _____

Please fill in this form to the best of your ability and return it to the Parish Safeguarding Coordinator.

If you have any questions please feel free to telephone the Coordinator.

1. How long have you known the candidate and in what capacity?

2. Please describe any previous experience of looking after or working with children or young people that the candidate has. In your opinion, would the candidate be willing to undertake training within the first twelve months?

3. Does the candidate demonstrate an ability to provide warm and consistent care and knowledge of appropriate boundaries / behaviour?

4. Does the candidate demonstrate a commitment to treat all children and young people as individuals and with equal concern?

5. Is the candidate a person of integrity and flexibility, whose physical and emotional well-being are appropriate for the service he or she is offering?

St Chad Irby with St Bartholomew Thurstaston



6. To your knowledge, has the candidate ever been convicted of a criminal offence (including any "spent convictions" under the Rehabilitation of Offenders Act 1974), or placed on probation, or discharged absolutely or conditionally for a criminal offence? Yes No

7. To your knowledge, has the candidate ever had a child removed from her / his custody or placed under supervision by a Local Authority? Yes No

8. To your knowledge, has the candidate' conduct ever caused or been likely to cause harm to a child, or put a child at risk, or (to your knowledge), has it ever been alleged that her / his conduct has resulted in any of these things? Yes No

If the answer to any of the questions 6 to 8 is **Yes**, please give details below.

Signed: _____ Date: _____

Name (*Please Print*) _____

Referee's name, address and telephone number:

Email Address: _____

N.B. Please return this form to the Parish Safeguarding Co-ordinator

**Kathryn Timmins
Rydal
Well Lane
Ness CH64 4AW**

St Chad Irby with St Bartholomew Thurstaston



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Working agreement including role outline (role description)

Name of Volunteer: _____

Address: _____ + _____

Thank you for agreeing to work as _____ in part of our overall work with children and young people.

The Parochial Church Council (PCC) puts a very high value on work with children and young people.

The PCC intends to make sure that the appropriate resources and support are available from the Parish and from the Diocese and intends that no one should work unsupported.

These are the particular responsibilities of the volunteer's work that have been discussed with you in detail:

Working with children and young people is a big responsibility but it also brings enormous satisfaction. The PCC hopes that you find this work rewarding. Any further questions that arise from time to time can be discussed with _____

Once a year _____ will meet with you to talk about the work, and if you wish to continue, we can discuss training opportunities so that there is an opportunity to continue to develop skills.

You acknowledge receipt and have read a copy of the Parish Safeguarding Procedures and understand who to contact and the referral procedures.

This agreement assures you of the continuing prayerful support of the Parish for volunteers and the work which is undertaken on our behalf.

Signature of Incumbent / Priest-in-Charge: _____ Date: _____

Signature: _____ (Role) _____ Date: _____

Name (*Please Print*) _____

On behalf of the PCC.

Signature: _____ (Volunteer) Date: _____

Name (*Please Print*) _____



Appendix 6

Checklist (may be used as an aide memoire)

When appointing staff/volunteers to posts working with children/young people

1. Name of volunteer _____
2. Date role description agreed by PCC _____
3. Date application form received from candidate _____
4. Date confidential declaration received _____
5. Written reference – Name of referee (1) _____
 - Date letter sent _____
 - Reply received _____
6. Written reference – Name of referee (2) _____
 - Date letter sent _____
 - Reply received _____
7. Date completed DBS form received _____
8. Date DBS form signed and sent to diocesan office _____
9. Date DBS response received _____
10. E learning/Parish Safeguarding training completed _____
11. Date appointment agreed by PCC _____
12. Date of start of probationary period _____
13. Date post confirmed _____
14. Volunteer agreement given to worker _____
15. Date for first review discussed _____

St Chad Irby with St Bartholomew Thurstaston



Appendix 7 Volunteer Annual Declaration Form

Name of Volunteer _____

Date of Declaration _____

I declare that since my last declaration that there have been no changes in my or my household's circumstances, such as a caution or conviction, which might have an adverse affect on my work with children or vulnerable adults.

Signed:

St Chad Irby with St Bartholomew Thurstaston



Appendix 8 Various Consent Forms

ANNUAL CONSENT FORM FOR CHILDREN INVOLVED WITH CHURCH ACTIVITIES

Group: _____

Full name of child: _____

Date of birth: ____/____/____

Child's Address: _____

Details of any regular medication, medical condition (e.g. asthma, epilepsy, diabetes, allergies, dietary needs etc.), illness or disability which may affect normal activity:

Name of Doctor: _____

Doctor's telephone number (incl. code): _____

Date of last anti-tetanus injection (if known): ____/____/____

Child's NHS number (if known) _____

With whom does the child live? _____

What Relationship does this person have to the child (e.g. Mother): _____

Tel: (day) _____ (evening) _____

Name of additional contact (e.g. grandparent, or other holding parental responsibility):

Tel: (day) _____ (evening) _____

Consent to use of images:

*I do/ do not give permission for images of to be taken as part of a group using (tick): Camera Video Digital-Camera Webcam Mobile

*I do/do not give permission for images of to be used: (tick yes or no)

To promote the event: Yes No

To promote the event as a safe place for young people: Yes No

St Chad Irby with St Bartholomew Thurstaston



CONSENT FORM FOR CHURCH ACTIVITIES

Statement of consent for: _____ (name of children/young people activity)

I give permission for _____ to take part in the normal activities of this event.

I confirm that separate permission has been sought for other identified activities.

I understand that while involved he/she will be under the control and care of the group leaders, and/or other adults approved by them, and that, while the staff in charge of the group will take all reasonable care of the children, they cannot necessarily be held responsible for any loss, damage or injury suffered by him/her during, or as a result of, the activity.

In an emergency and/or if I am not contactable, I am willing for him/her to receive necessary hospital or dental treatment including an anaesthetic Yes / No (circle as appropriate)

Name: _____

Relationship to child: _____

Signed: _____ Today's date: ____/____/____

Contact telephone: Landline _____ Mobile _____

Address (if different to that of child):

If you do not have parental responsibility (e.g. you are a foster carer/grandparent, etc.), please give details of those with parental responsibility:

Names(s): _____

Address(es): _____

Tel: (1) (day) _____ (evening) _____

(2) (day) _____ (evening) _____

Consent to use of images:

*I do/ do not give permission for images of to be taken as part of a group using (tick): Camera Video Digital-Camera Webcam Mobile

*I do/do not give permission for images of to be used to: (tick yes or no)

promote the event: Yes No and promote it as a safe place for young people: Yes No



IMAGES CONSENT FORM FOR CHILDREN OR YOUNG PEOPLE

- To be completed if it is likely during the course of an event, it is likely that images of young people will be taken.
- Predominantly, these will be taken by camera (photo) and/or video.
- Images may be used to promote future events of this nature.

Consent to use of images:

*I do/ do not give permission for images of to be taken as part of a group using (tick): Camera Video Digital-Camera Webcam Mobile

*I do/do not give permission for images of to be used: (tick yes or no)

To promote the event: Yes No

To promote the event as a safe place for young people: Yes No

Your name: _____

Relationship to child: _____

Signed: _____ Date: _____



Appendix 9

The role of the Parish Safeguarding Co-ordinator

The Parish Safeguarding Co-ordinator is appointed by the PCC annually, this person will have up to date knowledge and have completed the diocesan e learning package for safeguarding children prior to taking on the role and then will be responsible for the following tasks:

- To ensure that the Parish Policy is reviewed, updated and adopted by the PCC on an annual basis together with a brief report on the current implementation within the parish.
- To ensure that the policy document is widely available and given to all existing and new workers in the various groups within the parish.
- To ensure that the Parish Policy is shared with all organisations using the facilities of the church.
- To ensure that all volunteers go through the appropriate recruitment process in conjunction with the PCC and Parish Priest.
- To ensure that each volunteer has a role description and a volunteer agreement in respect of their work with children and young people.
- To ensure that each volunteer has an opportunity for an annual review of their work and that this review is recorded and details kept on file.
- To monitor the implementation of Parish Policy and report to the PCC any difficulties in doing so.
- To ensure that there is a poster identifying sources of help for children and young people displayed wherever they meet i.e. Childline, NSPCC.
- On leaving the post, the coordinator must pass on all records, documents and resources in good order to their successor or the parish priest.

Appendix 10

Recommended good practice to be given to youth/child group leaders etc

Adult / Child Ratios

Guidance recommends the following ratio of leaders to children according to their age:

For 0 to 2 years - 1 leader to every 3 children (1:3)

For 2 to 3 years - 1 leader to every 4 children (1:4)

For 3 to 8 years - 1 leader to every 8 children (1:8)

For over 8s - 1 leader for the first 8 children followed by 1:12
(i.e. 32 children would require 3 leaders)

Toilets - The ideal is 1 toilet and 1 hand basin per 10 children

Warm and Clean - Group areas should be warm, adequately lit and ventilated. Maintain high standards of cleanliness.

Special Needs - Be able and willing to accommodate children with special needs. Be aware of access to your building and toilet facilities.

Entrances and Exits - Should be well lit and easily accessible.

Registration - Social Services need to register premises where activities take place for more than 2 hours in any one day or if a holiday club runs for more than 6 days a year.

More than one leader - There should always be more than one leader for any group. (If possible have at least one male and one female leader if the group is mixed).

Time alone - Minimise time alone with any child or young person. If it is vital to be isolated with an individual ensure that another leader is informed of where you will be and why. If possible remain in the view of another leader. Try never to be behind a closed door but if necessary tell someone that you are there.

Administration - Keep an up-to-date register and record of children, their parents and contact phone numbers, attendance and other specific information (such as asthma, epilepsy, diabetes, allergies etc).

Insurance - Most existing parish insurance covers indoor activities for children and youth. PCCs need a record of any other activities that may take place and it must be checked that insurance cover is adequate.

Touch - Touch is an important part of human relationships: for example, it can be necessary to stop a young child from hurting herself or himself; it can also be a natural way of responding to someone in distress. However, everyone working with children should be sensitive to what is appropriate and inappropriate physical contact, both in general terms, and in relation to a specific individual. Leaders need to be conscious of situations in which their actions, however well intentioned, could be misconstrued by others or be harmful.

Good Practice with Colleagues - If you see another member of staff acting in ways which might be misconstrued, be prepared to speak to them or to your supervisor about your concerns. Leaders should encourage an atmosphere of mutual support and care which allows all workers to be comfortable enough to discuss inappropriate attitudes or behaviour.

St Chad Irby with St Bartholomew Thurstaston



Health and Safety - All leaders should know the location of the nearest telephone.

- Risk Assessments to be in place and reviewed regularly for activities
- Adults must be aware of the safety / fire procedure.
- A fire drill should be carried out regularly.
- Fire extinguishers should be available and regularly checked.
- Children with infectious illnesses must not attend.
- No smoking should be permitted near the areas children will be in.
- Children should submit a health form before an activity.
- Take health forms when going off-site.
- Accidents should be recorded with a note of any action taken and signed by the leader involved.
- A first aid kit should always be available and its location must be well known.
- No medication should be administered without written parental consent.
- One leader should be a first aider.
- A responsible adult should make sure that the premises are open in good time.

Transport - If at all possible do not give lifts to children and young people on their own other than for short journeys. If they are alone ask them to sit in the back seat. Check that insurance covers the vehicle and passengers. Seat belts must be worn.

Finance - If money is collected, an account of this should be given to the PCC.

Volunteers - Volunteers, particularly those under the age of 18, should never work unsupervised and should be given clear guidance and support.

Casual Visitors - Casual visitors i.e. those who have not been authorised by the Church as leaders or helpers, should not have access to children without the presence of an adult who is deemed to be responsible for the group.

Communication - Clergy, the PCC and parents should be clearly informed of all the activities in which children and young people may take part on church premises or through the church in any way. The PCC must approve all church activities with children and young people.

Good Practice of Workers - Treat all children and young people with respect and dignity befitting their age; watch language, tone of voice and where you put your body.

Do not engage in any of the following:

- invading the privacy of children when they are showering or toileting
- rough, physical or sexually provocative games
- making sexually suggestive comments about or to a young person, even in fun
- inappropriate and intrusive touching of any form
- any scape-goating, ridiculing, or rejecting a child or young person

Learn to control and discipline children without using physical punishment.

Do not let youngsters involve you in excessive attention-seeking that is overtly sexual or physical in nature.

Do not invite a child or young person to your home alone: invite a group, or ensure that someone else is in the home.

Make sure the parents know where the child is.

Do not share sleeping accommodation with children or young people if you take a group away.

St Chad Irby with St Bartholomew Thurstaston



FORMS TAKEN FROM DIOCESAN POLICY DOCUMENT

St Chad Irby with St Bartholomew Thurstaston



APPLICATION FOR APPROVAL OF ACTIVITIES AND EVENTS WITH CHILDREN AND YOUNG PEOPLE (BY INCUMBENT OR LEADER OF THE PARISH)

Parish			
Event Leader			
Details of Activity/Event			
Places to be visited			
Date of Departure		Time:	
Date of Return		Time:	
Transport Arrangements: Include the name of the transport company if known (<i>where applicable</i>)			
Name and address of accommodation to be used: (<i>where applicable</i>)			
Tel No:			
Named head of Centre (<i>if known</i>)			
Details of any hazardous activity and the associated planning, organisation and staffing:			
Insurance Arrangements: Please provide details of insurance provision for the activity/event i.e. is it covered by existing diocesan arrangements? If not, what arrangements will be made?			

St Chad Irby with St Bartholomew Thurstaston



Names, gender, experience and specific responsibilities of adult leaders:			
	Female <input type="checkbox"/>	Male <input type="checkbox"/>	
	Female <input type="checkbox"/>	Male <input type="checkbox"/>	
	Female <input type="checkbox"/>	Male <input type="checkbox"/>	
	Female <input type="checkbox"/>	Male <input type="checkbox"/>	
	Female <input type="checkbox"/>	Male <input type="checkbox"/>	
	Female <input type="checkbox"/>	Male <input type="checkbox"/>	
	Female <input type="checkbox"/>	Male <input type="checkbox"/>	
	Female <input type="checkbox"/>	Male <input type="checkbox"/>	
	Female <input type="checkbox"/>	Male <input type="checkbox"/>	
	Female <input type="checkbox"/>	Male <input type="checkbox"/>	
Proposed size and composition of the group			
Age Range		Adult to Child Ratio	
Number of Boys		Number of Girls	
Any known specific needs of participants:			
Contact Details of Liaison Person/s:			
Name/s:			
Tel No/s:			
<p>PLEASE ATTACH A COPY OF ANY INFORMATION SHEET (OR SAMPLE SHEET) SENT TO PARENTS, THE PARENTAL CONSENT FORM AND THE RISK ASSESSMENT FORM (IF COMPLETED AT THIS STAGE)</p>			

St Chad Irby with St Bartholomew Thurstaston



Risk assessment to be undertaken (Detail of Activity/Event):			
By:		On:	
Signed:		Date:	
Event Leader (Full Name)			
Event Approved:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Risk Assessment Received:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Any Comments:			
Signed:		Date:	
Position:			



COMMENTS AND COMPLAINTS PROCEDURES

We believe that everyone is entitled to courtesy and prompt attention at all times to their needs and wishes.

Our intention is to work with children, young people, parents and the community.

We welcome suggestions on how St Chad Irby with St Bartholomew Thurstaston can improve the activities we provide.

HOW CAN YOU MAKE COMPLIMENTS AND COMMENTS?

We are very happy to receive compliments and comments from you.

You can do this in writing and submit it to: (Activity/Event Leader)

Alternatively you can speak with:

whilst at the: (insert name of activity/group group)

We will make sure that your compliment or comment is passed on to the relevant person. Any comments will be carefully considered and you will be informed of any decisions taken as a result of your comment. A written record of your compliment or comment will be held.

HOW YOU CAN MAKE A COMPLAINT

Anyone who is unhappy about any aspect of activities/events, the way it is run or policies/procedures, should share their concerns with: (leader of activity/event) either in person or in writing.

If this does not have a satisfactory outcome, or if the problem persists, you should put those concerns in writing and request a meeting with (Parish Priest or Parish Safeguarding Co-ordinator)

If the matter is not resolved at this stage, it will be referred to the PCC or to the Diocese

We believe that most concerns can be dealt with at an early stage as quickly as possible and we will strive to do this. We also believe that it is in everyone's interest that such concerns/complaints are taken seriously, dealt with fairly and in a way which respects the confidentiality of those concerned. You will be informed of any actions taken as a result of your complaint. A written record of your complaint will be held.

CONTACT DETAILS: (for above named individuals)

St Chad Irby with St Bartholomew Thurstaston



CONSENT TO DISPLAY PHOTOGRAPHS IN CHURCH / CHURCH BUILDINGS

Parish	
I hereby give my consent to allow a photograph of: <i>(insert name of child/young person)</i>	
To be displayed in: <i>(Insert location)</i>	
For the period of:	
After which it will:	Be destroyed / returned to me <i>(delete as appropriate)</i>
Signed by PARENT/GUARDIAN	
PRINT NAME:	
Date:	
Signed by Child/Young Person:	
PRINT NAME:	
Date:	
Notes:	

St Chad Irby with St Bartholomew Thurstaston



INCIDENT REPORT FORM

Event Leader:		Contact Number:	
Details of Event:			
Name of person involved:		Date of Birth:	
Date of Incident:			
Circumstances of Incident: <i>(continue on separate sheet if necessary)</i>			
Names of those present at the incident:			
Nature of Harm:			
Treatment Given:			
Reported to Whom: <i>(eg parish priest; PCC; Diocese – include dates and names)</i>			
Other Action Taken:			
Signed:		Date:	
Printed Name:		Position:	

THIS FORM MUST BE FORWARDED TO THE PARISH SAFEGUARDING COORDINATOR



PARENTAL CONSENT FOR AN ACTIVITY/EVENT

1. NATURE OF EVENT/ACTIVITY:			
Date(s)		Time(s)	
<p>Child/Young Person's Name:</p> <p>Date of Birth:</p> <ul style="list-style-type: none"> I agree to his/her participation in the activities described I understand that if group/activity photographs are to be taken during the event, a "Parent/Carer and young person consent form for the use of photography/video" will be supplied to me I acknowledge the need for him/her to behave responsibly and will ensure that he/she is aware of the required expectations 			
2. TRANSPORT ARRANGEMENTS: <i>(for which parents/carers hold responsibility)</i>			
Please detail how the child/young person will travel to and from the activity or the pick-up point for the day/trip.			
3. MEDICAL INFORMATION :			
Does the child/young person have any condition(s) requiring medical treatment including medication e.g. inhalers, anti-epileptics or insulin?	YES <input type="checkbox"/> NO <input type="checkbox"/>		
Please outline any special dietary requirements of the child/young person (including allergies e.g. nuts) and the type of pain/flu relief medication your child may be given if necessary			



<p>Please outline any FEARS or PHOBIAS the child/young person has. <i>(This information will help the adult helpers to assist the child/young person should any difficulties arise)</i></p>		
<p>Is the child/young person allergic to any medication e.g. penicillin?</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>	<p>(If yes please give details)</p>
<p>When did the child/young person last have a tetanus injection?</p>		
<p>Is there any other relevant information/specific requirement(s) that the organizer should know? e.g. travel sickness / mobility</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>	<p>(If yes please give details)</p>
<p><u>FOR RESIDENTIAL TRIPS ONLY</u></p> <p>To the best of your knowledge, has the child/young person suffered from or been in contact with any contagious or infectious diseases in the last few weeks?</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>	<p>(If yes please give details)</p>
<p>I agree to inform the event leader as soon as possible of any changes in the medical requirements or other circumstances between now and the commencement of the journey</p> <p>Signed _____ Date _____</p> <p>Print Name: _____</p>		



4. CONTACT INFORMATION		
Work/Mobile No:		
Home Telephone No:		
Home Address:		
Alternative Emergency Contact:		
Name:		
Telephone No:		
Address:		
Name of Family Doctor:		
Doctor Tel No:		
Doctor Address:		
5. DECLARATION	<p>In the event of an illness or accident every effort will be made by the event leader or their assistants to contact me. If for whatever reason this is not possible I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.</p>	
Signed:		Date:
FULL NAME: <i>(Please Print)</i>		

St Chad Irby with St Bartholomew Thurstaston



PARENT/CARER AND YOUNG PERSON CONSENT FORM FOR THE USE OF PHOTOGRAPHS/VIDEO

Our Parish _____

The Event _____

recognises the need to ensure the welfare and safety of all children and young people.

In accordance with our safeguarding policy we will not permit photographs, video or other images of children and young people to be taken without the consent of the parents/carers and children.

The named parish/event will follow the guidance for the use of photographs, a copy of which is available from the Parish office.

The named parish/event will take all steps to ensure these images are used solely for the purposes they are intended. If you become aware that these images are being used inappropriately you should inform the Parish Safeguarding Co-ordinator or Parish Priest immediately.

PARENT/CARER TO COMPLETE:

I _____ consent to the named parish/event photographing
or videoing my child, named : _____

I understand that these images will be displayed in the following circumstances: (give details including dates)

And I hereby agree to this. Signature _____ Date _____

PRINT NAME _____

CHILD / YOUNG PERSON TO COMPLETE

I _____ consent to my involvement in the event /
activity referenced above being photographed or videoed. I understand that these images will be displayed as
noted above and I hereby agree to this.

Signature _____ Date _____

PRINT NAME _____



RISK ASSESSMENT FORM NOTES

NB: The points below are examples to be considered under the headings in boxes 1-6. The blank form on the following page should be completed using the guidance and considering the specific activity to be undertaken along with the needs of the children and young people who will participate in the planned activity.

<p>1. Place to be visited (e.g. retreat centre)</p>
<p>2. Potential Hazards</p> <p>Environment e.g. weather, terrain Health e.g. polluted water Human and behavioural e.g. violence Activity e.g. swimming Travel e.g. driving Accommodation e.g. fire exits</p>
<p>3. List groups of people who are especially at risk from the significant hazards you have identified</p> <p>Children Young people Event leader Leaders Impact of age / stamina / ability</p>
<p>4. List existing controls or note where information may be found</p> <p>Ensure sufficient supervision Clear guidance to pupils Exploratory visit or research – this will allow for unforeseen or unknown hazards to be identified</p>
<p>5. How will you cope with the hazards which are not currently or fully controlled under (3)</p> <p>Removal of hazard Modifying the design of an activity Supervising an activity more closely Training Emergency procedures</p>
<p>6. Continual monitoring of hazards throughout visit</p> <p>Share plans with leaders prior to event During the event, on-going assessment of risks and remedial action as required</p>



RISK ASSESSMENT FORM

<p>1. Place to be visited</p>	
<p>2. Potential Hazards</p>	
<p>3. List groups of people who are especially at risk from the significant hazards you have identified</p>	
<p>4. List existing controls or note where information may be found</p>	
<p>5. How will you cope with the hazards which are not currently or fully controlled under (4)</p> <p>List hazards and the measures taken to control them</p>	
<p>6. Continual monitoring of hazards throughout visit</p>	
<p>Risk Assessment completed by:</p>	<p>(PRINT NAME)</p>
<p>Review Date:</p>	
<p>Signed:</p>	
<p>Date:</p>	



SAFEGUARDING: HIRING ARRANGEMENTS FOR CHURCH PREMISES

Organisations that work with children, young people and/or vulnerable adults and hire or use church property should be advised of their responsibility for the welfare and safety of the people in their care. The Church of England requires that such groups have adequate safeguarding policies and procedures in place and these are seen by the Parish Safeguarding Co-ordinator in consultation with the Diocesan Safeguarding Officer if necessary.

This organisation: (insert name)

..... recruits staff in accordance with best practice (e.g. Safe From Harm).

Furthermore, the organisation: (insert name)

..... has its own safeguarding policies and procedures, and undertakes to follow these policies in relation to working with children, young people and/or vulnerable adults, preventing child abuse and responding to safeguarding concerns.

OR

This organisation: (insert name)

..... has been given a copy of the Parish/Diocesan (delete as necessary) Safeguarding policies for the Church of England and undertakes to follow these policies in relation to work with children, young people and/or adults, preventing child abuse and responding to safeguarding concerns.

This organisation: (insert name)

..... has its own public liability insurance to cover any claims arising as a result of the group activity

Signed:
(Parish Safeguarding Co-ordinator)

Signed:

Print Name:

Role/Organisation:

Date:

St Chad Irby with St Bartholomew Thurstaston



SESSION RECORDING SHEET

Session Recording Sheet for: (insert details of activity)	
Held on: (insert date)	
Children/young people in attendance: (record names)	
Staff on duty: (list names)	
Focus of activity:	
Incidents of significance: (if any - including concerns)	
Action taken:	
Signed	
Date	
Position	



VOLUNTEER DECLARATION FORM ON SAFEGUARDING PROCEDURES

Parish Name	
Volunteer Name	
Role	
Duties	

I _____ (insert full name)

hereby declare that I have received and understood the procedures on how to deal with allegations or suspicions of abuse and will comply with the Church's Safeguarding Policies and Procedures.

Signature:		Date:	
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When completed this form should be handed to the Parish Safeguarding Co-ordinator who will store this appropriately and securely.