PRO FORMAS

1. EXAMPLE OF THE ROLE DESCRIPTION AND DECLARATION FOR VOLUNTEERS WORKING WITH CHILDREN

This form should be completed for all volunteers working with children. If the role changes substantially, a new form should be completed. Copies should be retained by the volunteer, the Priest and the Parish Co-ordinator.

Part A: To be completed by the Parish Co-ordinator	
Name of Parish:	
Name of Volunteer:	**Name of Group (e.g. Liturgy):**
Where and when the group meets:	
Main aim of the group:	
Age Range of Group:	**Person to whom volunteer is responsible:**
Description of the voluntary work to be undertaken:	

Part B: To be completed by the volunteer with children/young people	
Declaration: I have understood the nature of the voluntary work I am to do with children/young people. I have read the 'Awareness and Safety in our Catholic Communities' Welcome Guide. I understand that it is my duty to protect the children and young people with whom I come into contact. I know what action to take if an allegation of abuse is made or if I have any concerns about a child.	
Signature:	**Name in Full:**
Date:	

2. EXAMPLE OF THE ROLES AND RESPONSIBILITIES OF VOLUNTEERS WORKING WITH CHILDREN'S LITURGY

2.1 To encourage children aged from 3 to 8 to participate fully in the worship of the Mass.

2.2 To be an active member of the Liturgy Team.

2.3 To take responsibility for the rota attendance or the arranging of an appropriate, trained, **approved** substitute.

2.4 To be prepared to undertake relevant child protection training.

2.5 To assist in the preparation of the room and the resources and materials used for worship.

2.6 To be prepared to attend team/group meetings arranged by the Children's Liturgy Leader.

2.7 To keep confidential any information on children or adults who participate in the liturgy group.

2.8 To be aware of the guidelines prepared for the group.

2.9 To establish and maintain links with the Parish Co-ordinator.

3. EXAMPLE OF THE ROLES AND RESPONSIBILITIES OF VOLUNTEERS WORKING WITH YOUNG PEOPLE

3.1 *Purpose of Role*

3.1.1 Using social education and spiritual development activities to work on a voluntary basis with children and young people from secondary school age upwards.

3.2 *Main Responsibilities*

3.2.1 To encourage young people, mainly from the parish community, to become active within the group and community.

3.2.2 To establish a programme of activities that respond to the needs and aspirations of the young people.

3.2.3 To contribute, as part of the parish youth work team, to the development of work with young people from the parish, promoting the spiritual, social and fun aspects of Christian living, and also to model good relationships.

3.2.4 To assist in the maintenance of administration and the good financial running of the group.

3.2.5 To participate in programme planning. To enable young people to take up their rightful role in the community. When necessary, to act as a liaison between young people and the adult parish, to be a voice for their hopes and aspirations.

3.3 *Person Specification*

3.3.1 Commitment to the Catholic/Christian principles of the parish group.

3.3.2 Willingness to undertake training during the probationary period.

3.3.3 Ability to relate well to young people and to adults.

3.3.4 Commitment to the physical, spiritual, emotional well-being of all children and young people, especially those with whom they will come in contact.

3.3.5 All volunteer leaders must be over 18 years of age.

3.3.6 Willingness to undertake supervision for general development and growth.

4. EXAMPLE OF THE ROLES AND RESPONSIBILITIES OF PASS KEEPERS

4.1 Welcome those attending the service.

4.2 Welcome and escort visiting clergy to the sacristy.

4.3 Arrange and implement seating arrangements.

4.4 Liaise and co-operate with all clergy.

4.5 Liaise and co-operate with the sacristan.

4.6 Liaise and co-operate with funeral/undertakers.

4.7 Ensure the Church is tidy and ordered after each service.

4.8 Ensure Orders of Service are made available and distributed.

4.9 Ensure collections are made secure.

4.10 Assist and attend to those who require additional help.

4.11 Carry out special duties as agreed with the clergy.

4.12 Ensure all exits are kept free for access during services.

4.13 Carry out any other relevant duties as directed by the clergy.

4.14 Read and implement the Code of Conduct.

4.15 Know the location of an emergency telephone (or accessible mobile), accident book and first aid box.

5. EXAMPLE OF THE ROLES AND RESPONSIBILITIES OF THE DEANERY LIAISON PERSON

5.1 The Deanery Liaison Person will play a key role in supporting the implementation of the 'Awareness and Safety' programme across the deanery.

5.2 The main areas of responsibility are to:

- co-ordinate the work of the deanery in developing the key principles of 'Awareness and Safety in our Catholic Communities';
- liaise with the Dean;
- liaise with the Parish Co-ordinators across the deanery;
- arrange training sessions for volunteers and paid workers;
- distribute paperwork to parishes;
- offer support and assistance to Parish Co-ordinators;
- attend Diocesan Safeguarding Team Meetings;
- assist individuals with appropriate paperwork.

6. EXAMPLE OF THE ROLES AND RESPONSIBILITIES OF EUCHARISTIC MINISTERS TO HOUSEBOUND/HOME VISITORS

6.1 *Responsible to the Parish Priest*

6.2 *Purpose of Role*

To support and encourage those who are experiencing illness that stops them attending Mass and the Sacrament of Communion.

6.3 *Main Responsibilities*

- To assist the Parish Priest in the maintenance of contact with those within the parish who are housebound through illness.
- To contribute, as part of the parish team, in fulfilling the spiritual needs to those who are ill and housebound, through the sacrament of communion and social support.
- To encourage those who are ill or housebound in their faith.
- To participate in a programme of visits that respond to the religious needs of those who are ill and housebound.

6.4 *Person Specification*

- All volunteers must be over 18 years of age.
- Commitment to the Catholic/Christian principles of parish living.
- Willingness to undertake training during the appointment period.
- Ability to relate well to children, young people and adults.
- Commitment to the physical, spiritual and emotional well-being of others, especially those with whom they will come in contact.
- Willingness to undertake supervision for general development and growth.

6.5 *To be Completed by the Volunteer*

I agree to the above role description. I have read the Church's policies for safeguarding, i.e. *'Awareness and Safety in our Catholic Communities Welcome Guide'.* I understand that it is my duty to protect the people with whom I have contact. I know what action to take in cases of suspected or alleged abuse and agree to adhere to the Code of Conduct.

Full Name (Print): **……**

Signed: **……**

Dated: **……..**

7. EXAMPLE OF THE ROLES AND RESPONSIBILITIES OF CATECHISTS

7.1 *Role*

7.1.1 The role of the Parish Catechist is to provide support to the Clergy by designing, developing and delivering classes to children and young people in order to prepare them for receiving the Sacraments of Reconciliation, the Eucharist and Confirmation at the appropriate age and stage of the children and young people.

7.1.2 The Parish undertakes to provide the appropriate resources, e.g. textbooks, workbooks, video/DVD materials, time and working space to support the work of Catechists.

7.1.3 Catechists are required to meet the criteria laid down by the Church before they are accepted to undertake the work. They must be worthy of the role in terms of their character and in the practice of their faith. They must be fully recruited according to Church policy (application form with the names of two character referees, self-declaration form and Disclosure at enhanced level), and must agree to a short interview with the Parish Clergy and the Parish Co-ordinator.

7.2 *To be Completed by the Candidate*

I agree to the above description of the role I wish to carry out.

I have read the Church policies for safeguarding, i.e. *'Awareness and Safety in our Catholic Communities Welcome Guide'.*

I understand that it is my duty to protect the people with whom I come in contact.

I know and understand what action to take in a case of suspected or alleged abuse.

I agree to adhere to the Code of Conduct.

Full Name (Print): .....

Signed: .....

Dated: .....

8. EXAMPLE OF AN APPLICATION FORM

DEANERY: _____

APPLICATION FORM
(Private and Confidential)

(Volunteer helpers with children, young people and adults at risk)

In order to exercise the Church's duty to care for its people, in terms of relevant legislation we ask all prospective volunteers in children, young people and adults at risk services to complete this form.

Full Name	
Previous Name (if any)	
Address	
Post Code	
Telephone No. (Day)	
Telephone No. (Evening)	
Date of Birth	
Parish/Church	
Please specify which area(s) of parish ministry you are involved in. Please state what your role is.	
How long have you lived at the above address?	

If less than 12 months, please give the following information:

Previous Address(es)			
Length of time there			
Parish/Church			
Parish Priest			

Tell us something of yourself – any special interests and skills you have, and please give details of previous experience of working with children, young people and/or adults at risk.

If there is not enough space, continue over and/or on another sheet.

Please give details of any appropriate training and/or relevant qualifications.

Training is an essential part of the Catholic Church's Safeguarding Policy;
I accept that I will be required to attend an awareness session YES / NO

Have you already attended an awareness session?
YES / NO

If you have already attended an awareness session, please give date Month_____ Year_____

References:

Please give the names, addresses and telephone numbers of two people (not relatives, Parish Priest or Parish Co-ordinator) who know you well, and who would be able to give a personal reference.

	1st Referee	**2nd Referee**
Name		
Address		
Post Code		
Telephone No.		
Occupation		
How long acquainted with you?		
In what connection?		

Declaration:

I declare that the details given above are accurate and complete, and I accept that should this subsequently be found to be otherwise my volunteer application will not be considered further and/or, if an existing volunteer, my involvement as a volunteer may be ended.

Signed: …… **Date:** …….

Please print your name: ……

Please return this form to: ……

……

……

……

9. EXAMPLE OF A REQUEST FOR A PRIVATE AND CONFIDENTIAL REFERENCE

PARISH OF: _____ DEANERY: _____

REQUEST FOR A PRIVATE AND CONFIDENTIAL REFERENCE
(*Volunteer*)

Dear

Re: .....

The above-named person has offered to be a volunteer worker, which may involve contact with the children, young people and/or adults at risk of this parish.

As I am sure you are aware, before we can accept anyone to work with a person falling into this category, whether on a voluntary or paid basis, we must be sure that they are suitable. In order to do this we have requested references, and your name has been given in this respect.

I would be grateful if you could give your opinion of the person's suitability for the post by completing the enclosed form, which will be treated in the strictest confidence and used only for the purpose for which it was provided. Please return it in the pre-paid envelope as soon as possible.

Should you require any further information please do not hesitate to contact **(Insert Contact Name, Address and Telephone Number).**

May I take this opportunity to thank you for your help in this matter.

Yours sincerely,

10. EXAMPLE OF A REFERENCE FORM

PARISH OF: _____ **DEANERY:_____**

PRIVATE AND CONFIDENTIAL

REFERENCE FOR: _____

Your Name:		
Your Address:		
Your Telephone No.:		
How long have you known this person?		
In what capacity?		
Does she/he have any previous experience of looking after or working with children, young people and/or adults at risk?	Yes / No *	Comments:
Does she/he have an ability to provide warm, consistent care?	Yes / No *	Comments:
Does she/he have a willingness to respect the background and culture of those in their care?	Yes / No *	Comments:
Does she/he have a commitment to treat all people as individuals and with equal concern?	Yes / No *	Comments:
Do you have any concerns about her/his physical and/or mental health?	Yes / No *	Comments:

*** Please circle the appropriate response**

The position for which this person is being considered gives substantial access to children, young people and/or adults at risk. Is there any reason, to the best of your personal knowledge and belief, why this person should not be appointed to this position of trust?

Yes ☐ **No** ☐

If 'yes' please give details overleaf or, in confidence, contact ..... on .....

Signed: _____ Date:_____

The information you have provided will be treated in the strictest confidence and will not be shared with the applicant without your permission.

Please return in the enclosed stamped addressed envelope. Thank you for your co-operation.

11. EXAMPLE OF A DECLARATION FORM

DEANERY: _____

DECLARATION FORM
(Private and Confidential)
(To be completed by the Volunteer)

Full Name:	
Address:	
Parish:	

REHABILITATION OF OFFENDERS ACT 1974 (EXCLUSIONS AND EXCEPTIONS) (SCOTLAND) ORDER 2003

Because the nature of the volunteer position for which you are applying, i.e. to undertake voluntary work with children and/or adults at risk, the Rehabilitation of Offenders Act 1974 (Exclusions and Exceptions) (Scotland) Order 2003 (as amended) applies. This means that details of all convictions (including those which for other purposes would be considered 'spent') and criminal proceedings still pending must be disclosed by the volunteer. Should you fail to disclose such information and this is subsequently discovered, your volunteer application will not be considered further and/or, if an existing volunteer, your involvement as a volunteer may be ended.

Please therefore answer the following questions:

Have you ever been convicted of a criminal offence?	YES / NO *
Have you ever been subject to a Police investigation?	YES / NO *
Have you ever had criminal proceedings raised against you, including where those proceedings were subsequently withdrawn by the Fiscal and/or where they resulted in a not guilty disposal, admonishment or absolute discharge?	YES / NO *

In addition, please answer these questions:

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 or disease that may affect your work with children/adults at risk?	YES / NO *

If you answered **YES** to **any** of these questions, please give details, which should be enclosed in a separate envelope. Any such information you provide will be regarded as strictly confidential and will be seen only on a need to know basis with appropriate Diocesan personnel. The object of this clause is not, in any way, to reflect upon your integrity but it is necessary simply to protect the children, young people and/or adults at risk.

I consent to a Disclosure Scotland check being carried out.	YES / NO *
I consent to a Social Services and/or Health Check being carried out.	YES / NO *

*** Please circle the appropriate response**

Signed: _____ Date: _____

Please print your name: _____

12. EXAMPLE OF A GENERAL INFORMATION AND CONSENT FORM

(Data Protection Act 1998 – the information given below will be used solely for the purpose for which it was given. It will be held confidentially, updated when appropriate, and destroyed when no longer required.)

In order to ensure the child's safety, we would be grateful if you would complete and return this form. Please let us know if there are any significant changes. A copy will be retained confidentially by the Group Leader.

Name of Parish:	**Name of Group (e.g. Liturgy):**
Name of Child or Young Person: **Date of Birth:**	**Address of Child or Young Person:**
Name of responsible adult: ***Telephone No:*** **Day** **Evening** **Mobile**	**Name of additional responsible adult (in case of emergency):** ***Telephone No:*** **Day** **Evening** **Mobile**
Details of any regular medication, medical condition (e.g. asthma, epilepsy, diabetes, allergies, dietary needs) or disability that may affect normal activity.	

RESPONSIBLE ADULT CONSENT

- I give permission for the child, as named above, to take part in the normal activities of this group.
- I understand that separate permission will be sought for certain activities and outings lasting longer than the normal meeting times of the group.
- I understand that while involved in the activities of this group he/she will be under the control and care of the group leader and/or other adults approved by the Church leadership and that, although the adults in charge of the group will take reasonable care of the children, they cannot necessarily be held responsible for any loss, damage or injury suffered by the child during, or as a result of, the activity.
- In an emergency and/or if I cannot be contacted, I am willing for the child to receive necessary hospital or dental treatment, including an anaesthetic.

Yes / No (delete as appropriate)

Signature: ……
(parent or responsible adult)

Name in full: ……..

Date: ……..

13. EXAMPLE OF CONSENT FOR AN ACTIVITY/EVENT

(Data Protection Act 1998 – the information given below will be used solely for the purpose for which it was given. It will be held confidentially, updated when appropriate, and destroyed when no longer required.)

1. NATURE OF EVENT/ACTIVITY

Note: If you are planning a swimming activity please include:

- I give permission for my/the child's participation in the swimming activity.
- My/the child can swim 50 metres. **Yes/No**
- My/the child is water confident in a pool. **Yes/No**
- My/the child is safety conscious in water. **Yes/No**

Date of Event:	**Time(s):**
Name of Child/Young Person:	**D.O.B.**

- I agree to his/her participation in the activities described above.
- I understand that group/activity photographs may be taken during the event, in line with the Church's policy. I give my consent to this.
- I acknowledge the need for him/her to behave responsibly and will ensure he/she is aware of the expectation to behave responsibly and in accordance with the Code of Conduct for children/young people (attached).

2. TRANSPORT ARRANGEMENTS
(for which parents/responsible adults hold responsibility)

Please detail how the child will travel to and from the activity or the pick-up point for the day/residential trip.

3. MEDICAL INFORMATION ABOUT THE CHILD

(a) ***Any conditions requiring medical treatment including medication, e.g. inhalers, anti-epileptics or insulin?***

Yes /No (delete as appropriate)

If **YES** please give details:

(b) ***Please outline any special dietary requirements of the child (including allergies, e.g. nuts) and the type of pain/flu relief medication the child may be given if necessary.***

(c) ***Please outline any fears or phobias the child has. This information will assist the adult helpers to assist the child should any difficulties arise.***

(d) ***Is the child allergic to any medication, e.g. penicillin?***

Yes /No (delete as appropriate)

If **YES** please specify:

3. MEDICAL INFORMATION ABOUT THE CHILD (cont'd)

(e) ***When did the child last have a tetanus injection?***

(f) ***Is there any other relevant information/specific needs that need to be known by the organiser (e.g. travel sickness/mobility)?***

(g) **FOR RESIDENTIAL TRIPS ONLY**

To the best of your knowledge, has the child been in contact with any contagious or infectious diseases or suffered from anything in the last few weeks that may be contagious?

Yes/No (delete as appropriate)

If **YES** please give brief details:

- I will inform the event leader as soon as possible of any changes in the medical or other circumstances between now and the commencement of the journey.

4. CONTACT TELEPHONE NUMBERS

Name and Address of responsible adult: ***Telephone No:*** **Day** **Evening** **Mobile**	**Name and Address of additional responsible adult (*in case of emergency*):** ***Telephone No:*** **Day** **Evening** **Mobile**

Name and Address of Family Doctor:

Telephone No:

5. DECLARATION

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 the child 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.

Signature: .....

Name in full: .....

Date: .....

14. EXAMPLE OF A CONSENT FORM FOR THE USE OF PHOTOGRAPHS OR VIDEO

(Data Protection Act 1998 – the information given below will be used solely for the purpose for which it was given. It will be held confidentially, updated when appropriate, and destroyed when no longer required.)

Name of Parish/Organisation:	**Name of Group (e.g. Liturgy):**
Name and Address of Child or Young Person: **Date of Birth:**	**Address of responsible adult:** **Telephone No.**

(1) _____ ***(parish/organisation)*** recognises the need to ensure the welfare and safety of all children and young people.

(2) In accordance with the Bishops' Conference of Scotland Awareness and Safety Policy we will not permit photographs, video or other images of children and young people to be taken without the consent of the parents/responsible adults.

(3) The _____ ***(parish/organisation)*** will follow the guidance for the use of photographs, a copy of which is available from_____ ***(insert name).***

(4) The _____ ***(parish/organisation)*** 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 _____ ***(insert name)*** immediately.

(5) The images will be displayed in the following circumstances ***(give details, including dates)***:

_____

_____

_____

RESPONSIBLE ADULT'S CONSENT

- I give my consent to _____ ***(parish/organisation)*** photographing/videoing the child's involvement in the above-mentioned activity.
- I understand and agree to the images being displayed as outlined above.

Signature: .....
(responsible adult)

Name in full: .....

Date: .....

15. EXAMPLE OF A RESPONSIBLE ADULT CONSENT FORM FOR TRANSPORTING CHILDREN AND YOUNG PEOPLE

(Data Protection Act 1998 – the information given below will be used solely for the purpose for which it was given. It will be held confidentially, updated when appropriate, and destroyed when no longer required.)

In order to ensure the child's safety, we would be grateful if you would complete and return this form. Please let us know if there are any significant changes. A copy will be retained confidentially by the Group Leader.

Name of Parish:	**Name of Group (e.g. Liturgy):**
Name of Child or Young Person: **Date of Birth:**	**Address of Child or Young Person**
Name of responsible adult: ***Telephone No:*** **Day** **Evening** **Mobile**	**Name of additional responsible adult (in case of emergency):** ***Telephone No:*** **Day** **Evening** **Mobile**

ACTIVITY DETAILS

Type of Activity: .....

Date(s) to take place: .....

Venue/Destination: .....

Departure place and time: .....

Return place and time: .....

TRANSPORT ARRANGEMENTS

Private car driven by: .....

Address: .....

.....

Telephone No: .....

RESPONSIBLE ADULT CONSENT

- I agree that this person has my permission to drive their car with the afore-named child/children as passenger(s). Seatbelts will be worn at all times. I understand that the driver will be fully insured and that if this is a regular car run his/her insurance company will have been informed of the arrangements.

Yes / No (delete as appropriate)

Signature: .....
(responsible adult)

Name in full: .....

Date: .....

16. ADVICE FOR STAYING SAFE ON THE INTERNET

16.1 *Personal*

- ***Never tell anyone*** your address, telephone number or any other information about your life (e.g. regular meeting places) without your parents/carers' permission.

- ***Never send anyone*** your picture, credit card or bank details or other personal details without your parents/carers' permission.

- ***Never divulge your password*** to ANYONE (even your best friend).

- ***Never arrange to meet anyone*** without your parents/carers' permission. If you do, meet them – at least the first time – with a responsible adult in a public place.

16.2 *Chat Rooms*

- ***Never stay in a chat room*** or conference if someone writes something that makes you feel uncomfortable or worried, and always tell a responsible adult if this happens.

- ***Check any chat room*** you enter is regulated and monitored properly by the provider.

- ***Remember,*** everyone you meet in a chat room is a stranger, even though they might seem like a friend.

- ***Always be yourself*** – never pretend to be anyone or anything you're not.

- ***Always stay in the public area of a chat room*** where everyone can see the conversation and where you should be safer.

16.3 *E-mail*

- ***Never reply to*** nasty, suggestive or rude e-mails/postings/text messages.

- ***Remember***, if someone makes you an offer that seems too good to be true, it probably is.

- ***On receiving e-mails*** from strangers, always delete attachments without opening them. Know where files have come from before downloading to avoid viruses damaging your computer.

- ***Never send chain letters*** – they are forbidden on the Internet. If you receive one, inform your parent/carer, who can advise your Internet Service Provider.

16.4 *Safety of Others*

If you are concerned about the safety of others, always talk to an adult you know well. There are people who can help.

17. ALLEGATION/CONCERN REPORT FORM

CONFIDENTIAL

Name of Parish/Organisation:	

Information Received At (time):		On (date):	
By (your name):			
Position:			
Telephone No:			

Information Received: (delete as necessary)

Telephone ☐ Letter ☐ In person ☐ By e-mail ☐

This form, along with all relevant documents, should be retained securely and forwarded to the Diocesan Adviser as soon as possible.

Alleged Victim/Survivor, Child, Young Person or Adult at Risk

Name:	
Age:	

Gender: Male ☐ Female ☐

Address:			
		Tel. No. (if known)	

Name of Parent/Guardian/Carer:		Tel. No. (if known)	

Information Received From:

Name:		Position:	
Contact Address:			
		Tel. No.	

Person Alleged As Responsible

Name:		Position:	
Age:			
Contact Address:			
		Tel. No. (if known)	

Information

Record details of allegation(s) or concern(s). If information is given in person, record as precisely as possible what was actually said, the location of the conversation and the identities of persons present. If the space provided is not sufficient please continue on a separate sheet and attach herewith.

Completed By: (signature) _____

Print Name: (in full) _____

Date: _____

Actions and Further Information

Record all actions taken, agencies contacted and information/advice received with times and dates. Entries to be signed.

Time	Date	Action(s) Taken	Signature

18. EXAMPLE OF ADVICE TO PARISHES WHEN LETTING THEIR PREMISES

Church premises are normally made available free of charge to organisations that come under the jurisdiction of the Parish. Where independent organisations seek the use of Church halls, the Parish may or may not agree to let or hire premises and levy fees at their discretion. When a Parish is contemplating a let or hire of a hall or room on Church premises whose use would involve work with children, young people or adults at risk, it is advisable that the following should be added to licences.

In order to safeguard children, young people and adults at risk, a person responsible for hiring the premises must sign one of the following declarations:

I/the organisation that I represent am/is committed to protecting and safeguarding children, young people and adults at risk.

I/the organisation that I represent have/has a Safeguarding Policy in place and have/has an understanding of it, and undertake(s) to follow the Code of Practice contained therein. A copy of the full policy is attached.

All those who are working with children, young people or adults at risk during this Hall Let have had a satisfactory Enhanced Disclosure.

I understand that if the organisation I represent is found to be in breach of this declaration, the Church reserves the right to cancel any leasing or hiring agreement immediately.

Signature: …… **Date:** ……..
(Responsible Person)

Name in full: ……

Or a parent or responsible adult of each child and young person under the age of 18 will be present.

Signature: …… **Date:** ……..
(Responsible Person)

Name in full: ……

Or the hire of the hall does not involve work with children, young people or adults at risk.

Signature: …… **Date:** ……
(Responsible Person)

Name in full: ……

19. EXAMPLE OF CHILD PROTECTION/ADULTS AT RISK AGREEMENT OF LET

Name of Centre: .....

Name of Organisation: .....

Period of Let: From ..... **To** .....

*I confirm that the above-named organisation has procedures in place for the care and protection of children, young people and adults at risk in our group, a copy of which is attached herewith for your information.

*I confirm that as the above-named organisation ***does not*** have procedures in place for the care and protection of children, young people and adults at risk in our group, we will observe the relevant legislation.

Name: .....

Address: .....

.....

Position within Organisation: .....

Signature: .....

Date: .....

**** Please delete as appropriate***

20. EXAMPLE OF A RISK ASSESSMENT CHECKLIST

Group Name: .....

Group Leader: .....

Date of Trip: .....

Venue: .....

Completed by: .....

Signature: .....

Date Completed: .....

Access	Y	N	Comments	Referred To	Date
Access well lit/free from obstruction.					
Paths clear/in good repair.					
Do people have to cut across a car park?					
Do people have to pass dangerous fences?					
Do anti-social people gather round/near the entrance?					
Doorways secure. You know who is coming in/going out.					

Premises	Y	N	Comments	Referred to	Date
Adequate lighting in all rooms/halls/access routes used by your group.					
Passageways/stairs clear of obstructions.					
Any slippery surfaces?					
Signs indicating emergency exits/hazardous situations.					
Mains electricity cupboard/heating system locked/inaccessible.					
Fire exits clearly marked, free of obstruction, secure and easily opened.					
Fire extinguishers/alarms clearly marked, accessible and in working order.					
Phone accessible for emergencies and in working order.					
No hazardous substances accessible.					
Policy Statement and Code of Good Practice displayed.					

Hall/Room	Y	N	Comments	Referred to	Date
Floor clean and clear. Covering in good repair.					
Heaters off/guarded/otherwise made safe.					
Chairs and furniture stacked/stored safely.					
Electric sockets covered.					
No hazardous substances/obstacles.					
Safe for planned activities.					
Do you know who is coming in/going out?					

Equipment/Resources	Y	N	Comments	Referred to	Date
Stored safely and securely.					
In good repair.					
Suitable for age group.					
First Aid box clearly marked, accessible and equipped. Accident book accessible.					

Toilets	Y	N	Comments	Referred to	Date
Floor clean and clear. Covering in good repair.					
Well lit.					
Sufficient soap, towels, toilet paper.					
No obstacles/hazardous substances accessible.					
Water temperature safe.					
Baby changing facilities/stools for toddlers.					

Kitchen	Y	N	Comments	Referred to	Date
Children cannot access unattended.					
Floor clean and clear. Covering in good repair.					
Well lit.					
Surfaces clear and clean.					
No obstacles/hazardous substances accessible.					
No overhanging flexes/sharp knives.					

Other not already listed	Y	N	Comments	Referred to	Date

21. TESTIMONIAL LETTER

Required for Ministry in the Diocese of ……

I …… (Bishop/Superior)

hereby state that I consider…… (Applicant)

to be a Priest/Deacon/Member of Religious Congregation of good character and standing in the

……..(Diocese/Religious Congregation)

and qualified to undertake pastoral work in the Diocese of ……..

I confirm that, so far as I am aware, there is nothing in his/her background that might suggest that he/she would be unsuitable for working with minors and vulnerable persons; nor has he/she any current problems with alcohol or substance abuse.

I confirm that, so far as I am aware, he/she is in good health and not in need of medical attention.

Finally, I give my approval to ……..

for ministry in the Diocese of ……

Date …… Signed ……..

Bishop / Religious Superior

SEAL

Postal address:

Telephone: …….. Fax: …….. E-mail: ……

To be returned to and retained by the Administrative Officer for the Diocesan Child Protection and Vulnerable Adult Office (marked Private and Confidential).

The Bishop/Religious Superior of Father/Sister …… has submitted a suitable testimonial letter for this priest/deacon/member of religious congregation to work in this Diocese.

Signed: …… (Bishop/Religious Superior) Date: ……..

22. EXAMPLE OF AN INCIDENT REPORT FORM

Details of Event and Event Leader		**Contact Number**	
Name of Child/ Young Person involved		**Date of Birth of Child/Young Person involved (if known)**	
Date and Time of Incident			
Place of Incident			
Circumstances of Incident (continue on separate sheet if necessary)			
Names of those present at the incident			

Nature of Injury/Harm

Treatment Given

Reported to Whom?

Other Action Taken

Signed		**Date**	
Printed Name		**Position**	

23. EXAMPLE OF HOW A PARISH COULD BRING THE POLICY STATEMENT TO THE ATTENTION OF THE WHOLE PARISH COMMUNITY

'Awareness and Safety in our Catholic Communities' in the parish of …… ***(hold up Poster).*** The Catholic Church's safeguarding programme involves us all: the Parish Priest, the Parish Co-ordinator, volunteers, the parish community.

Here in the Parish of …… we have a number of families with children of all ages and at all stages of their faith development.

We are fortunate in having a number of Catechists who undertake the task of introducing the children to their faith and of preparing them for the Sacraments of Reconciliation, the Eucharist and Confirmation.

We also have a number of volunteers who provide support to the children by presenting the Liturgy of the Mass of the day through a range of appropriate planned learning activities aimed specifically at meeting the needs of the age range of the children.

A further group of volunteers undertake the role of Extraordinary Minister of the Eucharist, taking Communion to the sick or housebound.

As a parish, we warmly welcome and fully appreciate the contributions made by all those who volunteer, in whatever way and using whatever skills they may have, to enhance the spiritual and temporal life of our parish.

In law, anyone who works with children or adults at risk is obliged to undertake a Disclosure check, and in our parish this process is carried out through ……., who has been approved by the Diocese to carry out the administration work involved.

The Bishops' Conference of Scotland has a further requirement that anyone who offers their services as a volunteer with vulnerable groups must complete an application form, self-declaration form and provide two character references.

They are provided with a role descriptor and go through an interview procedure with the Parish Clergy and/or the Parish Co-ordinator and, finally, all volunteers are obliged to attend presentation sessions to learn about '*Awareness and Safety in our Catholic Communities'.*

This information is presented to reassure you that all possible steps are taken to ensure that the children, young people and adults at risk of our parish are as safe as they can be when they are in our care.

To anyone thinking of volunteering their services in this parish community of ……, please let this information be an encouragement and not a deterrent.

Please feel free to read the *'Awareness and Safety in our Catholic Communities'* folder for more detailed information about the Safeguarding Policy of the Catholic Church in Scotland.