

**DIOCESE OF CHESTER**

**SAFEGUARDING AND VULNERABILITY**

**POLICY AND PROCEDURES:**

**‘SAFE IN OUR CARE’**

**Parish Safeguarding Audit Documentation**

**And**

**Forms Library**

1. PARISH SAFEGUARDING AUDITS
2. FORMS LIBRARY
* Application for approval of activities and events with children and young people
* Comments and complaints procedure
* Consent to display of photographs in church/church buildings

### Incident report form

* Parental consent for an activity/event including:
* Parent/carer and young person consent form for the use of photographs/video
* Risk assessment template
* Safeguarding : hiring arrangements for church premises
* Session recording sheet
* Volunteer declaration form on safeguarding procedures

1 - PARISH SAFEGUARDING AUDITS

BACKGROUND

The National Office recommends that all dioceses adopt a parish self-audit approach to check that parishes are working safely and to provide assistance where needed. |You may already have a parish audit system in place. The following is a model of good practice. This is a template which you may choose to use as it stands or adapt to suit your purpose in your parish.

**Guidance for Completing the Audit**

1.The vicar, Parish Safeguarding Co-ordinator, churchwardens and any other appropriate church officers should work together to answer all the questions in this self-audit tool. If there has been a serious safeguarding issue during the year a confidential sheet, summarising the matter may need to be completed by the vicar and filed confidentially. This sheet should not be disclosed to the PCC.

2. The audit follows the references to the role of parishes in the House of Bishop’s Policy *Protecting all God’s Children* *Edition 4 2010[[1]](#footnote-1)*

3. While some PCCs may not have approved work with children or adults who are vulnerable, all will at some time have children in their church and most will have approved pastoral volunteers.

4. For each question, indicate whether you have met the criteria wholly, partially or not at all. If a question does not apply to you (e.g. you are not in a Local Ecumenical Partnership (LEP)), tick the N/A box.

5. Keep notes as you go, in sections, of actions that you need to take in order to be wholly compliant.

6. Add up your scores for each criterion in each section. Complete the table at the bottom of the last page of the audit document.

7. Summarise your notes of actions needed in the Action Plan sheet.

8. Take your table of results, with your Action Plan, to your PCC for discussion.

9. At this meeting, the PCC needs to agree the Safeguarding Action Plan for the following year, with clarity about who will take responsibility, and with target dates.

**Abbreviations used in this section:**

|  |  |
| --- | --- |
| PSO – Parish Safeguarding Co-ordinatorDVSO – Diocesan Vulnerability and Safeguarding OfficerHoB – House of BishopsLEP – Local Ecumenical Partnership | APCM – Annual Parochial Church MeetingPCC – Parochial Church CouncilDCC – District (or Rural) Church Council |

**Before you start**

|  |  |
| --- | --- |
| **List Church related activities approved by the PCC which involve children in this parish**  | **List Church related activities approved by the PCC which involve adults who are vulnerable in this parish** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Are you in a Team Ministry, United Benefice or a Local Ecumenical Project?** | **Yes** |  | **No** |  |

**If you are in a Team Ministry or United Benefice,** please work together with Parish Safeguarding Co-ordinators in each of your churches. You may choose to share your results and discuss your plans either at your District or Parish Church Council.

If this is your first audit, you will be asked to repeat the audit annually. Your scores and Action Plan from this audit give you a baseline against which you can compare future scores; and safeguarding implementation can be measured against this year’s agreed Action Plan.

|  |  |  |
| --- | --- | --- |
| **The Parish. Each parish should:-** | **N/A** | **Please indicate whether you have met the criteria wholly, partially or not at all** |
| **Wholly** | **Partially** | **Not at all** |
|  | **Adopt and implement a safeguarding policy and procedures, accepting as a minimum the House of Bishops’ Policy on Safeguarding[[2]](#footnote-2) or the Joint Safeguarding Principles but informed by additional diocesan procedures and recommended good practice, while being responsive to local parish requirements** |  |  |  |  |
|  | **Appoint at least one Parish Safeguarding Co-ordinator to work with the incumbent and the parochial church council (PCC) to implement policy and procedures. The co-ordinator must ensure that any concerns about a child or the behaviour of an adult are appropriately reported both to the statutory agencies and to the Diocesan Vulnerability and Safeguarding Officer. It may be appropriate for this co-ordinator to be someone without other pastoral responsibility for children [or adults who are vulnerable] in the parish. The co-ordinator should either be a member of the PCC or have the right to attend the council and should report at least annually on the implementation of the policy within the parish;** |  |  |  |  |
|  | **Consider appointing a person, who may be different from the coordinator, to be a children’s [or vulnerable person’s] advocate. This should be someone whom children know they could talk to about any problems, if they so wish. It can be useful if the co-ordinator is not someone whom children [or adults who are vulnerable] know personally;** |  |  |  |  |
|  | **Display in church premises where children’s activities take place, the contact details of the co-ordinator or children’s advocate, along with the ‘Childline[[3]](#footnote-3)’ and ‘Parentline Plus’[[4]](#footnote-4) telephone numbers** |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **The Parish. Each parish should:-** | **N/A** | **Please indicate whether you have met the criteria wholly, partially or not at all** |
| **Wholly** | **Partially** | **Not at all** |
|  |  |  |  |  |  |
|  | **Ensure that all those authorized to work with children [or adults who are vulnerable] are appropriately recruited according to safer recruitment practice, and are trained and supported**;Have all approved volunteers written job roles and DBS checks (every five years)  |  |  |  |  |
|  | **Ensure that there is appropriate insurance cover for all activities involving children (or adults who are vulnerable) undertaken in the name of the parish;** |  |  |  |  |
|  | **Review the implementation of the safeguarding children [or adults who are vulnerable] policy, procedures and good practice, at least annually**Is there a Safeguarding report to your Annual Parochial Church Meeting? Written, plus opportunities for questions and discussion? |  |  |  |  |
|  | **If appropriate, in rural parishes or parishes held in plurality, consider joining together to implement the policy and procedures, while remembering that legal responsibility will continue to rest with the individual parishes** |  |  |  |  |
|  | **If working within Local Ecumenical Partnerships (LEPs), agree which denomination or organisation’s safeguarding children [or adults who are vulnerable] policy to follow, including where to seek advice in urgent situations. This decision should be ratified both by the bishop and other appropriate church leaders in the partnership** |  |  |  |  |
|  | **In the event of a specific safeguarding concern, ensure that all the LEP partners are notified.** |  |  |  |  |
| **Scores** |  |  |  |  |

**Parish Safeguarding (Child and Adult Protection) Audit outcome**

|  |  |  |
| --- | --- | --- |
| Name of Parish: | Completed by: | Date of Completion: |
|  | Role in parish: | Date discussed by PCC: |
| Scores | Standard 1 | Standard 2 | Standard 3 | Standard 4 | Standard 5 | Standard 6 | Standard 7 | Standard 8 | Standard 9 | Standard 10 | Total Scores |
| Wholly |  |  |  |  |  |  |  |  |  |  |  |
| Partially |  |  |  |  |  |  |  |  |  |  |  |
| Not at all |  |  |  |  |  |  |  |  |  |  |  |
| N/A |  |  |  |  |  |  |  |  |  |  |  |
| Date of last audit by PCC |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Confidential Sheet completed? (see instructions for completing the audit above) | **Yes** |  | **No** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Is the parish an LEP? | **Yes** |  | **No** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Has an action plan been completed? | **Yes** |  | **No** |  |

|  |  |
| --- | --- |
| Notes |  |

**Parish Safeguarding Self Audit**

CONFIDENTIAL DATA SHEET

**For the incumbent only (or churchwarden in a vacancy)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Diocese** |  | **Parish** |  |
| **Name of incumbent/churchwarden completing this form:** |  |
| *If you answer Yes to any question below, please return this form in a sealed envelope, to the Diocesan Vulnerability and Safeguarding Officer.* |
| 1. **Have there been any safeguarding allegations/concerns regarding children or adults since your last safeguarding audit?**
 | **Yes** |  | **No** |  |
| *If yes:* Was this person a church officer5 (paid or volunteer)  at the time? | **Yes** |  | **No** |  |
|  Name of person, if a church officer  |  |
|  How did you respond? |  |
|  Who did you inform? |  |
|  From whom did you seek or take advice? |
| Churchwarden |  | PSO |  | DVSO |  | Other (please specify |  |
| Is the matter still current? | **Yes** |  | **No** |  |
| 1. **Have there been any concerns or allegations about domestic abuse since your last audit?**
 | **Yes** |  | **No** |  |
| *If yes:* Was this person a church officer5 (paid or volunteer)  at the time? | **Yes** |  | **No** |  |
|  Name of person, if a church officer  |  |
|  How did you respond? |  |
|  Who did you inform? |  |
|  From whom did you seek or take advice? |
| Churchwarden |  | PSO |  | DVSO |  | Other (please specify |  |
| Is the matter still current? | **Yes** |  | **No** |  |
| 1. **Do you have, or have you ever had, any agreements with offenders or those who pose risk to children or adults?**
 | **Yes** |  | **No** |  |
| *If yes:*What is the name of the offender/risk poser? |  |
| Who else is party to the agreement? |  |
| When was the last agreement signed? |  |
| When is the next review due? |  |
| **For all of numbers 1, 2 & 3 above:** |
| Are there any outstanding matters which require attention, or others who need to be informed? | **Yes** |  | **No** |  |
| What electronic or hard copy records do you hold? Where are they stored? Who has access to them? |  |
| How will you ensure that safeguarding information is passed on to relevant post holders if you move from your post? |  |
| Signed |  | **Date** |  |

**Parish Safeguarding Self Audit**

ACTION PLAN

|  |
| --- |
| **Safeguarding (Child and Adult Protection)** **Action Plan : (year 20 )** |
| **Diocese** |  | **Parish** |  |
| **Area for action** | **Action Plan** | **Target date** | **By whom** | **Date completed** |
| **Uncompleted actions from previous audit: (year 20 )** |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **New audit actions for this year:** **(year 20 )** |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Completed by |  |
| Role in Parish |  | Date |  |

**2 - Forms Library**

APPLICATION FOR APPROVAL OF ACTIVITIES AND EVENTS WITH CHILDREN AND YOUNG PEOPLE

COMMENTS AND COMPLAINTS PROCEDURE

CONSENT TO DISPLAY OF PHOTOGRAPHS IN CHURCH/CHURCH BUILDINGS

### INCIDENT REPORT FORM

PARENTAL CONSENT FOR AN ACTIVITY/EVENT INCLUDING:

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

RISK ASSESSMENT TEMPLATE

SAFEGUARDING : HIRING ARRANGEMENTS FOR CHURCH PREMISES

SESSION RECORDING SHEET

VOLUNTEER DECLARATION FORM ON SAFEGUARDING PROCEDURES

**(insert your logo here)**

**APPLICATION FOR APPROVAL OF ACTIVITIES AND EVENTS WITH CHILDREN AND YOUNG PEOPLE**

**BY INCUMBENT OR LEADER OF THE ORGANISATION**

|  |  |
| --- | --- |
| Parish / Organisation: |  |
| 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 *(where applicable)* |
|  |
| Name and address of accommodation to be used: *(where applicable)* |
|  |
| Tel No:  |  |
| Named Head of Centre:*(if known)* |  |
| 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? |
|  |

|  |
| --- |
| Names, gender, experience and specific responsibilities of adult leaders: |
|  | F [ ]  M [ ]  |  |
|  | F [ ]  M [ ]  |  |
|  | F [ ]  M [ ]  |  |
|  | F [ ]  M [ ]  |  |
|  | F [ ]  M [ ]  |  |
|  | F [ ]  M [ ]  |  |
|  | F [ ]  M [ ]  |  |
|  | F [ ]  M [ ]  |  |
|  | F [ ]  M [ ]  |  |
|  | F [ ]  M [ ]  |  |
| 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: |  |
| Name:  |  |
| Tel No:  |  |
| 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). |

|  |
| --- |
| Risk assessment to be undertaken: |
| By: |  | On: |  |
| Signed: |  | Date: |  |
| Event Leader:*(Full Name)* |  |
| Event approved: | Yes  | [ ]  | No  | [ ]  |
| Risk Assessment received: | Yes | [ ]  | No | [ ]  |
| Any comments: |
|  |
| Signed: |  | Date: |  |
| Position:  |  |

 **(insert your logo here)**

**COMMENTS AND COMPLAINTS PROCEDURE**

|  |
| --- |
| **NB This is a template to adapt, please do not use this form as is.** |

|  |
| --- |
| 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 the: *(insert name of parish group/organisation)*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: *(insert name of event leader)*  |
| Alternatively you can speak with:  |
| whilst at the: *(insert name of activity e.g. youth 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: *(insert details of activity/event e.g. youth group)*  - e.g. the way it is run or policies/procedures, should share their concerns with: *(insert 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*(insert details of relevant person e.g. parish priest, Parish Safeguarding Co-ordinator*)  |
| If the matter is not resolved at this stage, it will be referred to the PCC or to the Diocese: *(delete/insert as appropriate*) |
| 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:** *(insert relevant contact details for above named individuals)* |

**(insert your logo here)**

**CONSENT TO DISPLAY OF PHOTOGRAPHS IN CHURCH / CHURCH BUILDINGS**

|  |  |
| --- | --- |
| Parish |  |
| I hereby give my consent to allowing a photograph of: *(insert name of child/young person)*  |  |
| to be displayed in: *(insert location)*  |  |
| for the period of: |  |
| after which it will: | be destroyed / be returned to me *(delete as appropriate)* |
| Signed by **Parent**: |  |
| PRINT NAME: |  |
| Date: |  |
| Signed by **Child**: |  |
| PRINT NAME: |  |
| Date: |  |

 **(insert your logo here)**

### INCIDENT REPORT FORM

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

**THIS FORM MUST BE FORWARDED TO THE PARISH SAFEGUARDING COORDINATOR**

**(insert your logo here)**

**PARENTAL CONSENT FOR AN ACTIVITY/EVENT**

|  |
| --- |
| 1. NATURE OF EVENT/ACTIVITY:
 |
|  |
| Date(s): |  | Time(s): |  |
| Child’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* 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 photographs/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 expectation to behave responsibly.
 |
| 1. TRANSPORT ARRANGEMENTS:

(for which parents/carers hold responsibility)Please detail how your son/daughter will travel to and from the activity or the pick-up point for the day/residential trip. |
|  |
| 1. MEDICAL INFORMATION:
 |
| 1. Does your child have any condition(s) requiring medical treatment including medication e.g. inhalers, anti-epileptics or insulin?
 |
| YES | [ ] *If YES please give details below* | NO  | [ ]  |
|  |
| 1. Please outline any special dietary requirements of your child (including allergies e.g. nuts) and the type of pain/flu relief medication your child may be given if necessary.
 |
|  |

|  |
| --- |
| 1. Please outline any FEARS OR PHOBIAS your child has.

*(This information will assist the adult helpers to assist your child should any difficulties arise)*  |
|  |
| 1. Is your son/daughter allergic to any medication e.g. penicillin?
 |
| YES | [ ] *If YES please specify below* | NO  | [ ]  |
|  |
| 1. When did your son/daughter last have a tetanus injection?
 |
|  |
| 1. Is there any other relevant information/specific requirement(s) that the organizer should know? e.g. travel sickness/mobility
 |
|  |
| 1. FOR RESIDENTIAL TRIPS ONLY - To the best of your knowledge, has your son/daughter suffered from or been in contact with any contagious or infectious diseases in the last few weeks?
 |
| YES | [ ] *If YES please give details below* | NO  | [ ]  |
|  |
| 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. |

|  |
| --- |
| 1. CONTACT INFORMATION:
 |
| Work /Mobile No: |  |
| Home Tel No: |  |
| Home Address: |  |
| Alternative emergency contact: |
| Name: |  |
| Tel No: |  |
| Address: |  |
| Name of Family Doctor: |  |
| Doctor Tel No: |  |
| Doctor Address: |  |
| 1. 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 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. |
| Signed: |  | Date: |  |
| Full Name: *(capitals)* |  |

**(insert your logo here)**

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

|  |
| --- |
| Our Parish orThe 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 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:   immediately. |
| **PARENT/CARER TO COMPLETE:**I consent to the named parish/event photographing or videoing my child: I understand that these images will be displayed in the following circumstances: *(give details including dates)*   and I hereby agree to this.Signature: Date:  |
| **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:  |

**(insert your logo here)**

**RISK ASSESSMENT FORM NOTES**

**NB** - The bullet points included in these notes 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.

|  |
| --- |
| **1.** **Place to be visited:**  e.g. retreat centre |
| **2. Potential hazards:*** environmental e.g. weather, terrain
* health e.g. polluted water
* human and behavioral e.g. violence
* activity e.g. swimming
* travel e.g. driving
* accommodation e.g. fire exit
 |
| **2. 3. List groups of people who are especially at risk from the significant hazards you have identified e.g.:*** children
* young people
* event leader
* leaders
* impact of age/stamina/ability
 |
| **4. List existing controls or note where information may be found e.g.:*** ensure sufficient supervision
* clear guidance to pupils
* exploratory visit or research – this will allow for unforeseen or unknown hazards to be identified
 |
| **5.** **How will you cope with the hazards which are not currently or fully controlled under (3) e.g.:***List hazards and the measures taken to control them** removal of hazard
* modifying the design of an activity
* supervising an activity more closely
* training
* emergency procedures
 |
| **6.** **Continual monitoring of hazards throughout visit:*** share plans with leaders prior to the event
* during the event, on-going assessment of risk and remedial action as required
 |

**(insert your logo here)**

**RISK ASSESSMENT FORM**

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

**(insert your logo here)**

**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: ……………………………………………………………………………………………………………………………………………… |

**(insert your logo here)**

**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: |  |

**(insert your logo here)**

**VOLUNTEER DECLARATION FORM ON SAFEGUARDING PROCEDURES**

|  |  |
| --- | --- |
| Parish Name:  |  |
| Name:  |  |
| Role:  |  |
| 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: |  |

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

1. [Protecting all God’s Children](http://www.churchofengland.org/media/37378/protectingallgodschildren.pdf) paragraph 4.6 page 20 [↑](#footnote-ref-1)
2. [Promoting a Safe Church](http://www.churchofengland.org/media/37405/promotingasafechurch.pdf) (safeguarding policy for adults) 2006,

[Protecting All God's Children](http://www.churchofengland.org/media/37378/protectingallgodschildren.pdf) (safeguarding policy for children and young people, 4th edition,2010) [Responding Well to those who have been sexually abused](http://www.churchofengland.org/media/1292643/respondingwellforweb.pdf) (2011)

[Responding to Domestic Abuse](http://www.churchofengland.org/media/1163604/domesticabuse.pdf) (guidelines for those with pastoral responsibility, 2006) [Safeguarding Guidelines relating to Safer Recruitment'](http://www.churchofengland.org/media/1783455/safer%20recruitment%20guidance%20final%2013-6-13.pdf) [↑](#footnote-ref-2)
3. [ChildLine](http://www.childline.org.uk/Pages/Home.aspx) [↑](#footnote-ref-3)
4. Parentline Plus now known as [Family Lives](http://www.familylives.org.uk/) [↑](#footnote-ref-4)