

SECTION 5

APPENDIXES

SAMPLE FORMS

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There are a range of forms which the PCC will need to keep in order to meet the requirements of Health and Safety and Insurance. These are:

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MODEL PARISH POLICY FOR WORK WITH CHILDREN & YOUNG PEOPLE

The Parochial Church Council of..... adopts the following as its Child Protection Policy for children and youth work in the parish through which it will exercise its 'Duty of Care'.

1. To provide a safe and welcoming environment for all children and young people with whom it works.
2. To provide protection for all children, their parents and guardians, leaders, helpers and the Church itself whenever children are the responsibility of the Church.
3. To appoint a Responsible Caring Group to oversee Child Protection matters and maintain necessary good practice in the parish on behalf of the PCC
4. To ensure that all those who work with or for the Church or who hold relevant office within it are properly selected, trained and supported.
5. To form an Appointments Panel designated by, and including at least one current member of, the Parochial Church Council. [This Panel to include members of both sexes.] N.B. This may appropriately be delegated to the RCG.
6. To establish and implement a Parish Policy on the use of the Criminal Records Bureau to complement other parish selection procedures.
7. To maintain appropriate records, including voluntary and paid workers' declaration forms, references, CRB information, children's contact and health information and permission forms.
8. To encourage those with any responsibility for children in the parish to undertake training, particularly in Child Protection Awareness.
9. To ensure full compliance with Health and Safety guidelines.
10. To support, resource, and monitor the work of leaders and to acknowledge this publicly, including services of commissioning.
11. To maintain a record of all those authorized to do children or young people's work on behalf of the parish and to review this list annually.
12. To authorise children's and youth programmes and activities carried out on behalf of the Church Council on a regular basis.
13. To ensure that arrangements are made for a local Independent Person and that their name and contact number/address is available to children, leaders and Church members.
14. To acknowledge that being convicted cautioned or bound over for a criminal offence does not automatically debar an individual from working with children or young people. However, due care must be exercised where the victim has been a child, vulnerable adult or where the act involved the abuse of power and control.

**This policy to be reviewed annually by the Church Council
or its designated Sub Committee**

VOLUNTEER HELPER'S INITIAL INFORMATION FORM

It is recommended that the personal details (but not the referees) be updated at the same time as CRB disclosures are obtained.

Church/Parish:

We ask all prospective helpers in work with children and/or young people to complete this Form and the Self Declaration Form (*Form CP 5*). The information is kept confidentially by the PCC or those to whom the task is designated by the PCC, unless requested by an appropriate authority.

Name (please print): Date of Birth:

Address:

..... Post Code:.....

Tel: (Day): (Evening) :

How long have you lived at this address? :

If less than twelve months please give your previous address and the name of the church you attended.

Address:

.....Post Code:.....

Church:

Have you ever been known by another name? Yes No

If YES, what was it and when were you known by it?

Name: Date:

Please give details of any special interests or skills you have and any previous experience of working with children, young people or vulnerable adults. Where appropriate give the name(s) and date(s) of churches and groups (continue on separate sheet if necessary):

Churches/Groups:.....

.....

.....

.....

Your skills, experience, qualifications or training:

.....

.....

.....

.....

Are you prepared to undertake (more) training? Yes No

Have you suffered or do you suffer from any illness or condition which may directly affect your work with children or young people? Yes No

If YES, what?

Do you require medication? Yes No

If YES, please provide details:

Do you require special diet or foods? If so please give details:.....

.....

Date of last inoculation against tetanus:

N.B. For your protection information about medical condition or dietary needs should be updated on an annual basis.

Family Doctor:.....

.....Tel No:

National Health Number (on Medical Card):

References

Please give the details of two people who have known you for at least two years and who would be able to provide a personal reference if requested.

Referee One		Referee Two	
Name		Name	
Address		Address	
Post Code		Post Code	
Daytime Tel No		Daytime Tel No	
Evening Tel No		Evening Tel No	
Length of time known		Length of time known	
In what capacity		In what capacity	

In the event of illness or accident requiring emergency treatment I authorise the group's registered leaders present to sign on my behalf any written form of consent required by the authorities if the delay in obtaining my own signature is considered inadvisable or unnecessary by the doctor(s) concerned.

I certify that the information contained in this form is correct to the best of my knowledge and belief

Signed: Name (please print):

Date:

Please return this form to:

VOLUNTEER HELPER'S PERSONAL INFORMATION FORM
(UPDATE)

It is recommended that volunteers update their personal information on this form at the same time as their CRB Disclosure is renewed.

Name (please print):Date of Birth:

Address:

.....Post Code:.....

Tel: (Day): (Evening):

Please give details of any special interests or skills you have and any previous experience of working with children, young people or vulnerable adults. Where appropriate give the name(s) and date(s) of churches and groups (continue on separate sheet if necessary):

Churches/Groups:.....

.....

.....

Your skills, experience, qualifications or training:

.....

.....

Are you prepared to undertake (more) training? Yes No

Have you suffered or do you suffer from any illness or condition which may directly affect your work with children or young people? Yes No

If YES, what?

Do you require medication? Yes No

If YES, please provide details:

Do require special diet or foods? If so please give details:.....

.....

.....

Date of last inoculation against tetanus:

N.B. For your protection information about medical condition or dietary needs should be updated on an annual basis.

Family Doctor:.....

.....Tel No:

National Health Number (on Medical Card):

In the event of illness or accident requiring emergency treatment I authorise the group's registered leaders present to sign on my behalf any written form of consent required by the authorities if the delay in obtaining my own signature is considered inadvisable or unnecessary by the doctor(s) concerned.

I certify that the information contained in this form is correct to the best of my knowledge and belief

Signed: Name (please print):

Date:

Please return this form to:

**CONFIDENTIAL DECLARATION BY THOSE WORKING WITH
CHILDREN AND YOUNG PEOPLE**

1. Have you ever been convicted of a criminal offence (including any spent convictions under the Rehabilitation of Offenders Act 1974)*?

Please tick Yes No

2. Have you ever been cautioned by the police, given a reprimand or warning or bound over to keep the peace?

Please tick Yes No

3. Are you at present under investigation?

Please tick Yes No

4. Have you ever been found by a Court exercising civil jurisdiction (including matrimonial or family jurisdiction) to have caused significant harm** to a child or young person under the age of eighteen years, or has any such court made an order against you on the basis of any finding or allegation that any child or young person was at risk of significant harm from you?

Please tick Yes No

5. Has your conduct ever caused or been likely to cause significant harm to a child or young person under the age of eighteen, or put a child or young person at risk of significant harm?

Please tick Yes No

6. To your knowledge has it ever been alleged that your conduct has resulted in any of these things?

Please tick Yes No

If yes please give details including the date(s) and nature of the conduct, or alleged conduct, and whether you were dismissed, disciplined, moved to other work or resigned from any paid or voluntary work on a separate sheet.

7. Has a child in your care or for whom you have or had parental responsibility ever been removed from your care, been placed on the Child Protection Register or been the subject of a care order, a supervision order, a child assessment order or an emergency protection order under the Children Act 1989, or a similar order under other legislation?

Please tick Yes No

8. Have you any health problem(s) which might affect your work with children or young people under the age of eighteen?

Please tick Yes No

9. Have you, since the age of eighteen, ever been known by any name other than that given below?

Please tick Yes No

10. Have you, during the past five years, had any home address other than that given below?

Please tick Yes No

11. Have you obtained an Enhanced CRB Disclosure?

Please tick Yes No

If Yes please indicate date and Name and Address of Umbrella Body for which it was obtained.

* All previous convictions, with the exception of technical motoring offences leading only to a fine, should be disclosed

** Significant harm involves serious ill-treatment of any kind including neglect, physical, emotional or sexual abuse, or impairment of physical or mental health development.

Declaration

I declare that the above information (and that on the attached sheets *******) is accurate and complete to the best of my knowledge.

Signed:

Date: Date of Birth:

Full Name:

Address:

.....

.....

*******Please delete if not applicable

Please return this form to:

.....

.....

Before an appointment can be confirmed, applicants must provide an enhanced disclosure from the Criminal Records Bureau. Consult with the Bishop's Office, Incumbent, Parish Responsible Caring Group or Child Protection Adviser for details of the process.

APPLICATION FOR A REFERENCE

Confidential

Name/Address of Church/Parish
Date

Dear (name of referee)

(Name of applicant) has offered to help with our work with children and young people. S/he will be working mainly with (ages) as (brief description of work).

I am sure you realise that the Church has to be very careful about those whom we place in positions of trust with children and young people. S/he has nominated you as someone who can give a reference on his/her suitability for this work. I will be grateful if, in responding to this request, you would bear in mind the Church's duty to protect those with whom we work from harm of a physical, sexual or emotional nature and that all our workers are required to sign an undertaking that they have not been involved in any activity that has harmed a child or young person.

I will be grateful if you would give your opinion as to the suitability of the above named to undertake the work outlined. I will be grateful if you would also complete the questions below –

1. In what capacity have you known the applicant?

.....

2. For how long have you known the applicant?years.....months

I have the following comments to make on the applicant's suitability for the work outlined:

.....
.....
.....

I certify that I personally know the above-named person well enough to say that, to the best of my knowledge and belief, there is no reason whatsoever to doubt his/her suitability to serve as a volunteer worker in children's and/or youth work in the Church.

Signed:Date:.....

Name (please print) :

Occupation:

Thank you for your help. Please return this letter as soon as possible in the SAE provided.

Many thanks for your help

Yours sincerely

(Incumbent/Priest in Charge/Leader)

PARISH CHILDREN/YOUTH LEADERS' REGISTER

Insurers require Parochial Church Council to authorise those who take responsibility for its work with children and young people.

The Parochial Church Council of
(name of Parish)

has approved the following people to act as named leaders of the following activity:

.....
(name/description of activity)

during the periodto.....

Name	Address	Tel No

Signed.....

Chair of the Parochial Church Council

Date

This authorisation is matched by a resolution of the Parochial church Council on the above date and should be kept with the PCC Minute Book and updated as necessary.

PARENTS’/GUARDIANS GENERAL CONSENT FORM

This form should be completed by parents/guardians on an annually. This is to ensure prompt action in the event of accident or illness.

Name of child/young person:

Date of Birth:National Health No. (on medical card):

Address:

Post code:Tel No:

Family doctor:.....

.....Tel No:

Name of Church Groups/Organisations of which child is member (continue list overleaf):
.....

Does s/he suffer from any medical condition of which leaders should be aware?

Yes No If YES, please state:

The declaration of a medical condition should lead to a discussion between Leader(s) and Parent/Guardians about appropriate responses which will be recorded below.

N.B. This information will be shared with other responsible adults.

.....

Does s/he require medication? Yes No If YES state:

Can s/he self administer? Yes No

N.B. Leaders cannot be responsible for the administration of medicine.

Does s/he have any dietary needs or avoidances? Yes No If so, what?

Date of last inoculation against tetanus (if any):

In the event of illness or accident requiring emergency treatment I authorise the group’s registered leaders present to sign on my behalf any written form of consent required by the authorities if the delay in obtaining my own signature is considered inadvisable or unnecessary by the doctor(s) concerned.

Signed: Name (please print):

Date:

Address (if different from above):

Please return to:

INFORMATION AND PERMISSION FORM FOR SPECIFIC EVENT

A copy of this form to be retained in the leader’s file and by the Parent/Guardian.

Name of Event:

Date(s) of Event:

Description of Event including duration, location and likely activities:

.....

Designated Leader(s):

.....

The above Leader(s) are authorised by the Parochial Church Council for this activity.

Any illnesses or infectious diseases during the last 3 weeks? Yes No

Details of illness and medication taken:

- The details on the Parent(s)/Guardians General Consent Form are still correct.
- I acknowledge that the leaders named above are acting in loco parentis.

In the event of illness or accident requiring emergency treatment I authorise the group’s registered leaders present to sign on my behalf any written form of consent required by the authorities if the delay in obtaining my own signature is considered inadvisable or unnecessary by the doctor(s) concerned.

I give my permission for (Name of child)to participate in the above event

Signed: Name (please print):

Date:

Address:

Tel No:

Another contact if Parent/Guardian is not obtainable in an emergency:

Name: Relationship to Child:

Address:

Tel No:

Email address:.....

Please return to:

PAROCHIAL CHURCH COUNCIL AUTHORISATION OF CHILDREN/YOUNG PEOPLE'S GROUP ACTIVITY PROGRAMME

N.B. This authorisation is essential for insurance purposes.

The Parochial Church Council of(name of Parish)

Hereby authorises the programme/activities listed below/attached for the

(name of group)

during the period to

Under the guidance of the registered Leaders (list held by the PCC)

.....
.....
.....
.....
.....
.....
.....

Signed:

Chair of the Parochial Church Council

Date:

This authorisation is matched by a resolution of the Parochial Church Council on the above date and should be kept with the PCC Minute Book and updated as necessary.

PARISH CHECK LIST

Item	✓ or X	Action
Do we have a Parish CP Policy?		
Do we have a Responsible Caring Group?		
Have we got available an up to date copy of the Diocesan Child Protection Guidelines?		
Is information displayed about the RCG and Child Protection advisors contact number?		
When did the RCG last meet?		
At the last Parish AGM was there a CP Report?		
Are all activities for children and young people authorised by the PCC?		
Are all children and young people's workers authorised by the PCC?		
Have all leaders and volunteers completed application forms, declarations and CRB Disclosures and have references been obtained?		
Are all confidential documents safely stored?		

Have all new workers and volunteers been through the Induction process?		
Have Volunteers been trained in relevant issues, including children's Advocacy?		
Are all leaders aware of their responsibilities as children's Advocates?		
Have leaders and volunteers renewed their CRB Disclosures and personal information forms where appropriate?		
Do we have an up to date record of those who have completed CRB checks?		
Are there correct ratios of leaders and genders to the numbers in each activity?		
Are children with special needs and/or those of different ethnicity or background made welcome?		
Is there a qualified First Aider at each activity or easily accessed?		
Is First Aid equipment easily accessed?		
Have we checked in the past year if leaders and volunteers have any training needs?		

Do we have a Parish Policy on CRB?		
Are we insured for all our work with children and young people?		
Have our buildings been checked & had an annual Health and Safety inspection?		
Are buildings checked by leaders for Health and Safety before each activity with children and young people?		
Are there people designated by the PCC who are responsible for Fire Equipment and Procedures?		
Do we have an up to date Accident Book?		
*		
*		

* For individual church actions points

CONSENT FORM FOR USING PHOTOGRAPHS/IMAGES OF CHILDREN

From:.....(Church)

To:.....(parent/carer)

The.....Group/Club/Organisation

would like to use image(s) of

.....(Name(s) of Child/ren)

in a printed publication/on a website for promotional purposes.

To comply with the Data Protection Act 1998, your permission is required before the image(s) can be taken. Please answer the questions below, then sign and date the form and return it to:

.....(organiser)

at (address):

.....

The Parent/Carer

Please circle one

1 May we use your child’s image in our printed publications? **Yes/No**

2 May we use your child’s image on our website? **Yes/No**

I have read and understood the conditions of use on the back of this form

Signed:..... Date:.....

Name:.....(block capitals)

Address:.....

.....

The Group Organiser/Leader

I have confirmed the agreement of the parent/carer for these images to be used, as above **Yes/No**

Signed:..... Date:.....

CONDITIONS OF USE OF PHOTOGRAPHS

1. This form is valid for (months/years) from the date when it is signed. Your consent will automatically expire at that time
2. No image will be re-used after this time
3. Full Names (ie both first and last names) or other identifying details will not be included in the publication or on the website without your express permission
4. Postal or e-mail addresses, telephone or fax numbers will not be included in the publication or on the website without your express permission
5. Group images may be used, with very general labels (eg “making Christmas decorations” or “watching the athletics”)
6. Only images of suitably clothed persons will be used (eg children in swimwear will not normally be used, unless written consent has been given)

STAYING SAFE ONLINE – A YOUNG PERSON’S CONTRACT

- 1 I will ALWAYS tell a parent or another adult immediately, if something is confusing or seems scary or threatening
- 2 I will NEVER give out my name, real address, telephone number, school name or location, schedule, password, or other identifying information when I’m online. I will check with an adult for any exceptions
- 3 I will NEVER have a face-to-face meeting with someone I’ve met online. In rare cases, my parents may decide it’s OK, but if I do decide to meet a cyberpal, I will make sure we meet in a public place and that a parent or guardian is with me
- 4 I will NEVER respond online to any messages that use bad words or words that are scary, threatening, or just feel weird. If I get that kind of message, I’ll print it out and tell an adult immediately. The adult can then contact the online service or appropriate agency. If I’m uncomfortable in a live chat room, I will use the “ignore” button
- 5 I will NEVER go into a new online area that is going to cost additional money without first asking permission from those paying the bills
- 6 I will NEVER send a picture over the internet or via regular mail to anyone without my parent’s/carer’s permission
- 7 I will NOT give out a credit card number online without a parent present

Young Person Date

Parent/Carer Date

[www. getnetwise.org/safety](http://www.getnetwise.org/safety) guide

The material above is adapted from an article in “Caring Magazine” Summer 2002 (Churches Child Protection Advisory Service) and Childnet International for the Department of Education and Employment, March 2001

CONSENT TO USE A PC TO GAIN ACCESS TO THE INTERNET

From:.....(Church)

To:.....(parent/carer)

From.....Group/Club/Organisation

(Name of child):.....has asked

to use the Internet/World Wide Web from a PC

in..... (location)

for.....(purpose)

on.....(day/date/time)

Access to the Internet will be supervised at all times by approved and experienced organisers/leaders

The Parent/Carer

Please circle one

I and the child/ren have read and signed the contract "Staying Safe on the Internet" and I agree that the child/ren may have supervised access to the Internet

Yes/No

Signed:..... Date:.....

Name:.....(block capitals)

Address:.....

.....

The Group Organiser/Leader

I have confirmed the agreement of the parent/carer for access to be given, as above

Yes/No

Signed:..... Date:.....

RISK ASSESSMENT RECORDING TABLE

Name of Assessor..... Date assessment carried out

Hazards.	Who might be harmed.	Existing Controls.	Action Required.	Action carried out by (signed & dated)

(Name of Church)
APPLICATION FOR HALL HIRE

Name of hiring organisation:

What does the organisation do?:

Will the booking be one off /regular weekly/fortnightly/monthly * *(Delete as appropriate)

Date(s) and time(s) of booking(s) required:

Organisation contact person: Name

Address

Phone number: Daytime.....Evening.....

Email:

Is the organisation insured for the proposed activities? Yes/No

If Yes, name of insurer..... Amount of liability covered £.....
Insurance Policy Number

N.B. It will be necessary to produce a copy of the insurance certificate for the Hall Secretary/Administrator before a booking can be confirmed.

Does the Organisation work with under 18s? Yes /No

If 'Yes' Does the Organisation have a Child Protection Policy? Yes/No

N.B. It will be necessary to produce a copy of this Policy to the Hall Secretary / Administrator before a booking can be confirmed. Bookings will not be accepted for those working with children unless the organisation has such a policy or adopts and implements the Church's Child Protection Policy.

Are those leading the activity properly vetted in relation to child protection including CRB checks etc? Yes/No

Does the organisation sell food (other than light refreshments) Yes/No
Have those preparing the food obtained necessary qualifications under the Health and Hygiene Legislation? Yes/No

Please note that while the PCC/Trustees of the.....Hall make every effort to ensure the safety of all who use its premises your organisation will be solely responsible for both premises, personnel and its activities during the period of your booking.

I make application for the use of the premises as set out above and agree to abide by the Regulations and Conditions of Hire, a copy of which I have received and read (*delete if not applicable*).

On behalf of my organisation I accept liability for the property, personnel using the property and all activities during the period or the booking.

Signed:

Date:.....

Sample – NB this can act as a checklist – alter to suit your own hall

CONDITIONS OF HIRE

Opening and Closing the Church Hall

The Church Hall keys will be available fromand after locking up, must be returned there immediately.

The Church Hall will be opened for your hiring byand will be closed for you at the time indicated.

Please ensure that any outside caterers, contractors or bar staff are aware of the hire period and that they will not be able to enter before or leave after the hire period.

Please telephone.....in case of difficulty.

Users are expected to vacate the premises within fifteen minutes of the end of a licenses period. After midnight (unless the event is on New Year's Eve) only those helping to clear up the Hall should be on the premises. Failure to comply with this will result in forfeiture of your deposit.

Safety

The Church Hall has a No Smoking policy.

In the event of a fire, the Church Hall should be evacuated in an orderly manner using the appropriate exits and the Fire Brigade should be called, dialling 999.

The exact location of the nearest telephone, fire exits and fire extinguishers must be noted before the Church Hall is occupied and the manner of opening Fire Doors should be made known to your users.

Please use the trolleys provided for moving chairs and tables in order to avoid injury. Please stack tables and chairs in the storeroom as indicated.

The Hall Health and Safety file is kept in

A First Aid Box is located in

Power Circuits/Heating

The heating controls are located Please let the booking secretary know if you need the Church Hall to be particularly warm or cold. Do not adjust individual radiators/heaters as this will result in the Hall being too cold or too hot for subsequent users. The heating is time to turn off at 10.30 p.m. Other circuits are timed to turn off at 11.45 p.m. Please warn your users, band or disco of this.

Telephone

The church Hall telephone is located in.....This is for emergency use only and has a list of contact numbers beside it. The Church Hall has no telephone and the nearest one is locatedso you are advised to bring a fully charged mobile telephone for use in an emergency.

Car Parking

The lane leading to the Church Hall is a public road and must not be obstructed. The Church Hall Car Park will accommodate a good number of cars if they are parked sensibly.

Any overflow may park atCars are not allowed on the grass verges.

Consideration for others

Please ask hall users to leave quietly at the close of your event. Car doors banging and loud talk in the car park are disturbing to local residents.

Please do not use drawing pins or sellotape on the hall walls or other surfaces; use blutack if you need to put up notices or decorations. Do not fix decorations near light fittings or heaters.

Please leave the Church Hall clean and tidy and leave waste in the bins provided or take it home. In particular we ask that you ensure table tops are wiped clean before being stacked away.

Faults/Damage/Comments

Please report any faults or damage to the booking secretary as soon as possible so that they can be rectified quickly. The Management Committee welcome constructive comments or observations you may have about the hire of the hall.

Location and Use of Fire Equipment

The following sketch shows the location and types of fire equipment in the hall