

**Form N**

**List of Supervisors with associated Supervisor Safeguard checks for Residential / Events:**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Supervisor Name** | | **Emergency contact details of Supervisor‘s Next of Kin** | **Role (appropriate to Supervising children)** | **MAC/PCC** | **Safe recruitment checks**  **e.g. references** | **DBS**  **Certiﬁcate Date** | **Safe Church Training?**  **Date** | **Supervisor Stay Safe contract signed?** | **Number of children responsible for -**  **with adult to child ratio and brieﬁng of consent issues and safeguarding risks** | **Risk Assessments by activity completed for all aspects including transport of children (including business insurance)** |
| 1 |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |  |