**Forms and Guidance**

All completed forms must be filed securely in accordance with data protection and record keeping policies and procedures.

**Guidance 1:** Principles of safeguarding

**Form 2:** General consent form

**Form 3:** Consent form for specific activities

**Form 4:** Consent form for use of images

**Form 5:** Consent form for electronic communication with young people

**Form 6:** Application form for approval of activities

**Form 7:** Reporting an incident, accident or near miss

**Form 8:** Session record

**Form & Guidance 9:** Reporting a safeguarding concern

Reporting a safeguarding concern guidance notes

**Form 10:** Agreement for use of ICT

**Form 11:** Declaration on safeguarding procedures

**Form 12:** Sample application form

**Form 13:** Sample reference request

**Form 14:** Model agreement with a known offender

**Guidance 1**

**Principles of safeguarding**

**Good practice for the safeguarding of children and adults in the church**

The Church in Wales Safeguarding Policy and Procedures (Revised March 2016) should be referred to for complete information. This safeguarding guidance is for all those, paid and volunteers, who are working with or supporting children, young people and adults at risk. Ensure that all those working with children, young people and adults at risk have a copy of this reference guide.

***If you have concerns about possible abuse (including allegations)***

* In an emergency contact the police or social services.
* Otherwise contact a Provincial Safeguarding Officer *or* Parish Safeguarding Coordinator.

http://www.churchinwales.org.uk/structure/representative-body/hr/safeguarding/

* Decide together whether to seek advice or to make an immediate referral to the police or social care services. A Provincial Safeguarding Officer must be informed in any case.
* Inform your parish priest (if he/she is not part of the concern or allegation) and only tell others who need to know in order to safeguard the situation.

***A child, young person or adult wishes to disclose they have been abused***

* Allow the person to talk without interruption, accepting what is said. Do not question or investigate.
* Do not promise confidentiality and explain that you will have to pass the information on in order to keep them and others safe.
* Make careful notes of what is said, record dates, times and events using the actual words wherever possible.
* Sign, date and give these notes to the person with safeguarding responsibility.
* Ensure no situation arises that could cause further concern.

***If you receive a complaint or allegation against anyone including yourself***

* Inform a Provincial Safeguarding Officer immediately.
* Write careful and contemporaneous notes of what you witnessed, heard or were told.
* Sign, date and give these to the person with safeguarding responsibility.
* Try to ensure that no-one is placed in a position which could cause further compromise.

***Code of conduct when working with children, young people and adults at risk***

* Treat everyone with respect, setting a positive example for others.
* Respect personal space and privacy.
* Ensure activities involve more than one person being present, or where you are always within sight and hearing of others.
* Ensure any actions cannot be misrepresented by someone else.
* Challenge unacceptable behaviour such as bullying, favouritism, innuendo etc.
* Do not have inappropriate physical or verbal contact with others.
* Do not put anyone, including yourself, in a vulnerable or compromising situation.
* You must not keep allegations or suspected abuse secret. ***RECORD AND REPORT.***
* If you are involved in group or residential activities please refer to the Church in Wales Safeguarding Policy for full details of best practice.

**Form 2:**

**General consent form**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PARENT/GUARDIAN CONSENT FOR AN ACTIVITY/EVENT** | | | | | |
| 1. **NATURE OF EVENT/ACTIVITY:** | | | | | |
|  | | | | | |
| **Date(s):** |  | **Time(s):** | |  | |
| **Costs** |  | | | | |
| I agree to: *(insert name)*  Date of Birth:   * His/her participation in the activities described. * I understand that, while involved, he/she will be under the control and care of the group leader and/or other adults approved by the church/organisation leadership and that, while the staff in charge of the group will take all reasonable care of the children, they cannot necessarily be held responsible for any loss, damage or injury suffered by my child during, or as a result of the activity. * 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* | | **NO** | |  |
| **Details of medical treatment:** | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 need to be known by the organiser e.g. travel sickness/mobility?** | | | | | | | | |
|  | | | | | | | | |
| **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**  **Tel 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)* | |  | | | | | | |
| **Relationship**  **to child:** | |  | | | | | | |
|  | | **Signed by parent or guardian** | | | | | | |

**Form 3:   
Consent form for specific activities**



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| --- | --- | --- | --- | --- | --- |
| **PARENT/GUARDIAN CONSENT FOR AN ACTIVITY/EVENT** | | | | | |
| 1. **NATURE OF EVENT/ACTIVITY:** | | | | | |
|  | | | | | |
| **Date(s):** |  | **Time(s):** | |  | |
| **Costs** |  | | | | |
| I agree to: *(insert name)*  Date of Birth:   * His/her participation in the activities described. * I understand that, while involved, he/she will be under the control and care of the group leader and/or other adults approved by the church/organisation leadership and that, while the staff in charge of the group will take all reasonable care of the children, they cannot necessarily be held responsible for any loss, damage or injury suffered by my child during, or as a result of the activity. * 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* | | **NO** | |  |
| **Details of medical treatment:** | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 need to be known by the organiser e.g. travel sickness/mobility?** | | | | | | | | | |
|  | | | | | | | | | |
| 1. **FOR RESIDENTIAL TRIPS ONLY – To the best of your knowledge, has your son/daughter been in contact with any contagious or infectious diseases or suffered from anything in the last few weeks that may be contagious?** | | | | | | | | | |
| **YES** | *If* ***YES*** *please specify 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**  **Tel 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)* | |  | | | | | | | |
| **Relationship**  **to child:** | |  | | | | | | | |
|  | | **Signed by parent or guardian** | | | | | | | |

**Form 4:**

**Consent form for taking and using images**

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| **PARENT/GUARDIAN AND YOUNG PERSON CONSENT FORM FOR THE TAKING AND USING OF PHOTOGRAPHS/VIDEO**  *(insert name of parish/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 or used without the consent of the parents/carers and children.  We use images to help us raise awareness of the work of the organisation, for publicity/promotional purposes or to share information. Consent given will apply for a period of two years, after which a renewed request for consent may be made. Please note if consent is not given this will not disadvantage any individual in any way.  The named parish/event will abide by the principles of safe practice in the taking, use and storage of photographs/videos of children and young people.  *(insert name)*  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:  *(insert name)* |

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| --- |
| PARENT/GUARDIAN TO COMPLETE:  I *(insert name of parent/guardian)* consent to the named parish/event photographing or videoing my child:  *(insert name of 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:  (If of sufficient age and understanding)  I *(insert name of child)*  consent to    *(insert name of parish/event)*  photographing or videoing my involvement in the following activity: *(insert activity/brief detail)*        And I hereby agree to this.  Signature: Date: |

**Form 5:**

**Consent form for  
electronic communication with young people**

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| --- |
| **Consent for Electronic Communication with young people applicable to young people aged 11 years and older**  Many children and young people communicate electronically via mobile, email and internet social media sites and this can make organisation faster and more convenient. Please note that, as Facebook is not intended for use for those under 13, it will not be used to contact children under 13.  If you do not give permission, your child will not be at any disadvantage and the leaders will contact you directly to make arrangements.  I give/do not give permission for my child  *(insert name)* to be contacted using mobile/email/or internet for the purpose of arranging children/youth activities.  *(please delete as applicable)*  Signature: Date:  Parent or Guardian |

**Form 6:**

**Application for approval of activities**

This form is to be completed by the activity/event/group leader or other designated church representative for the purpose of seeking approval for the activity.

This form, when completed, should be submitted to the Parish Priest together with a completed Risk Assessment and appropriate consent forms from those with parental responsibility for the children who will be involved in the activity.

The Parish Priest or PCC needs to sign and agree that the activity has been approved and a copy of this approval kept by the Priest.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **APPLICATION FOR APPROVAL OF EVENTS AND ACTIVITIES WITH CHILDREN AND YOUNG PEOPLE**  **(BY PARISH PRIEST OR LEADER OF THE ORGANISATION)** | | | | | | | | | | | | | |
| **Parish/**  **Organisation** | | | |  | | | | | | | | | |
| **Event Leader:** | | | | This person will also take the lead in dealing with any safeguarding concerns. | | | | | | | | | |
| **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:**  *(To check a box - right click on it – properties – check – ok)* | | | | | | | | | | | | | |
|  | | | | F  M | |  | | | | | | | |
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|  | | | | 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 SENT TO PARENTS, PARENTAL CONSENT FORMS AND THE RISK ASSESSMENT FORM (IF REQUIRED TO BE COMPLETED BY THE PARISH)** | | | | | | | | | | | | | |
| **Risk assessment to be undertaken:** | | | | | | | | | | | | | |
| **By:** |  | | | | | | | **On:** | |  | | | |
| **Signed:** |  | | | | | | | **Date:** | |  | | | |
| **Event Leader:**  *(Full Name)* |  | | | | | | | | | | | | |
| **Event**  **approved:** | **Yes** | | | |  | | | **No** | |  | | | |
| **Risk**  **Assessment**  **received:** | **Yes** | | | |  | | | **No** | |  | | | |
| **Consent**  **forms**  **received:** | **Yes** | | | |  | | | **No** | |  | | | |
| **Any comments** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **The person completing this form must sign below and then send the form to the Parish Priest**  **/PCC for approval and signature.** | | | | | | | | | | | | | |
| **Signed:** | |  | | | | | | | **Date:** | | |  | |
| **Position:** | |  | | | | | | | | | | | |
| **This activity was approved/not approved** *(delete as appropriate)* **by Parish Priest/designated PCC member.** | | | | | | | | | | | | | |
| **Signed:** | |  | | | | | | | **Date:** | | |  | |
| **Position:** | |  | | | | | | | | | | | |

**Form 7:**

**Reporting an incident, accident or near miss**

This form must be completed following all incidents involving any church stakeholder (congregation member, event participant, member of staff, volunteer, clergy, student etc). The form must be completed as soon as possible after the incident by the member of staff, volunteer involved, or witness.

Any incident must also be discussed with the appropriate or designated member of staff to ensure the required investigation is undertaken and any learning is acquired to assist with the prevention of future incidents.

|  |  |  |  |
| --- | --- | --- | --- |
| **Event Leader:** |  | **Contact**  **No:** |  |
| **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)* | | | |
|  | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Nature of Harm:** | | | |
|  | | | |
| **Treatment Given:** | | | |
|  | | | |
| **Reported to Whom:** | | | |
|  | | | |
| **Other Action Taken:** | | | |
|  | | | |
| **Signed:** |  | **Date:** |  |
| **Printed**  **Name:** |  | **Position:** |  |

**THIS FORM MUST BE FORWARDED TO THE HEALTH AND SAFETY OFFICER WITH A COPY TO THE PARISH SAFEGUARDING COORDINATOR AND IF DEEMED APPROPRIATE A COPY TO THE HEAD OF SAFEGUARDING**

**Form 8:**

**Session record**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Parish /**  **Organisation:** | |  | | | |
| **Event Leader:** | |  | | | |
| **Session Recording**  **Sheet for:**  *(insert details of*  *activity)* | |  | | | |
| **Held on:**  *(insert date)* | |  | | | |
| **Children/young people in attendance:** *(record names)* | | | | | |
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| **Staff on duty:** *(list names)* | | | | | |
|  | | | | | |
| **Session Details (type/name of event or activity or group, date and time):** | | | | | |
|  | | | | | |
| **Incidents of significance:** *(if any – including concerns)* | | | | | |
|  | | | | | |
| **Action taken:** | | | | | |
|  | | | | | |
| **Signed:** |  | | | **Date:** |  |
| **Position:** |  | | | | |

**Form and Guidance 9:**

**Reporting a safeguarding concern or allegation**

This form is to be completed by anyone with safeguarding concerns about a child, young person or adult at risk. Where concerns are raised for more than one child in the same household a form must be completed for each child. If there is concern for the immediate safeguarding of an individual you must seek help straight away. This form should be completed as soon after the concern is raised as possible.

**On no account should the person completing this form undertake any investigation into concerns raised.**

This form should be submitted with any other relevant documents without delay to a Provincial Safeguarding Officer. This information must be kept strictly confidential and filed securely in accordance with data protection and record keeping policies and procedures.

***Refer to the guidance notes attached before completing this form.***

**Diocese:**   **Parish:**

|  |  |  |
| --- | --- | --- |
| 1. **Source and Nature of Concern / Allegation** | | |
| Name of person raising concern:  Position: | Tel No:  Email: | Date concern raised: |
| Nature of concern: (Physical abuse / Emotional abuse / Neglect / Sexual abuse / Financial abuse / Inappropriate conduct / Historical abuse)  Summary of Allegation: | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. **Details of person about whom the concern is being raised** | | | | | |
| Name: |  | | | | D.O.B. (or approximate age) |
| Gender: | Male |  | Female |  |  |
| Ethnicity: | | | | | |

|  |
| --- |
| Address: |
| Telephone Number: |
| Name of Parent/Guardian: |
| Is this person aware of the allegation made? No [ ] Yes [ ] (Must not be contacted until/unless authority given by a Provincial Safeguarding Officer) |
| Address (if different from above): |
| Telephone Number (if different from above): |

|  |  |
| --- | --- |
| 1. **Detailed nature of concern/allegation** | |
| Include details of the concern itself, witnesses (including contact details) and sources of information if not observed/witnessed directly, dates, times, locations, any action taken etc.  If necessary continue on additional sheets and attach to this form. | |
| 1. **Subject of the allegation (where relevant the name and details of the alleged perpetrator)** | |
| Name: | |
| Relationship to the person about whom the concern is being raised:  Position: Clergy/Religious Lay/Other/None (please detail) | |
| D.O.B.: | Tel No: |
| Address: | |
| Are you aware of any previous concerns relating to this person? No [ ] Yes [ ] Please detail: | |
| Is this person aware of the allegation made? No [ ] Yes [ ] (Do not contact or inform this person until/unless authority given by a Provincial Safeguarding Officer) | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Activity Log** | | | | | | | | | | |
| Has a safeguarding referral been made to Statutory/Emergency Services?  No [ ] Yes [ ] Date made: | | | | | | | | | | |
| Name of person receiving the referral: | | | | | | | | | | |
| Contact details: | | | | | | | | | | |
| What action do they intend to take and when? | | | | | | | | | | |
| What advice has been received about what action the referrer should do next? | | | | | | | | | | | |
| Has any other Statutory Service been notified? | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  | |  | |
| Police | [ ] | Adult Social Care | [ ] | Children’s Social Care | [ ] | Health | [ ] | Education | | [ ] | |
| Probation | [ ] | Bishop | [ ] | Safeguarding Officer | [ ] | Legal | [ ] | Insurers | | [ ] | |
| Other | [ ] | Please specify: | | | | | | | | | |
| Name | | | Contact details | | | | | | Date | | |
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Signature: Date:

**Reporting a safeguarding concern – guidance notes**

**Making a Referral**

You will need to provide as much of the following information as possible but do not delay in making the referral if you do not have it to hand.

In the case of a child or young person aged under 18:

* The name, date of birth and address of the child/children who are the subject of concern;
* The names of the parents or carers;
* Details of any other children in the same household;
* Details of the concern, incident or allegation;
* Time and context of the disclosure, if any;
* Any information known about the person whom the concerns or allegation are about;
* Whether the person against whom any allegation is being made is aware of the referral;
* Whether there are any other children who may be at risk;
* What the child has been told about the referral;
* The name and contact details of the referrer.

In the case of an adult at risk:

* The name, date of birth and address of the adult who is the subject of concern and the reason they are being treated as an adult at risk for the purposes of this referral;
* The names of the carers if known;
* Details of any other people in the household including any children if known;
* Details of the concern, incident or allegation including the extent of the abuse, the impact of the abuse on the wellbeing of the adult, whether any law has been broken, whether the person or any other person has been threatened or intimated and the risk of further abuse;
* Whether the adult at risk will need a medical assessment (for non life-threatening situations);
* Time and context of the disclosure, if any;
* Any information on the person about whom there are concerns or allegations;
* Whether the person against whom any allegation is being made is aware of the referral;
* Whether there is anyone else who may be at risk;
* What the adult at risk has been told about the referral;
* The name and contact details of the referrer.

**Recording and Record Keeping Guidance and Checklist**

Safeguarding Records should be kept using Form 9: Reporting a Safeguarding Concern.

The purpose of written records in safeguarding is to:

* Ensure that important information is recorded clearly, concisely and accurately;
* Provide a clear documented account of involvement with a child, adult at risk and/or family including the time of contact;
* Assist continuity when a worker is unavailable or changes;
* Provide the basis for professional judgements and decision-making;
* Provide evidence for investigations, enquiries and for court proceedings;
* Record directions given and agreements or disagreements made and provide evidence that procedures have been followed appropriately.

Records should:

* Use clear, straightforward language;
* Be signed, dated and timed;
* Be concise, legible and comply with professional, national and local agency standards and requirements;
* Be accurate in fact and distinguish between fact, opinion, judgement and hypothesis;
* Be organised and comprise detailed recording and chronologies and summaries, including all contacts;
* Be sufficiently comprehensive so as to capture important points, but not overly detailed;
* Clearly record judgements that are made and action and decisions taken;
* Clarify where decisions have been taken jointly across agencies, or endorsed by a manager;
* Record both formal and informal supervised discussion, including telephone advice.

**Recording a Safeguarding Concern**

The following steps should be observed:

* Explain the importance of recording information and ask permission to take notes during any conversation. Ensure that the person giving you the information knows that they can have access to the records you have made in respect of their own information;
* If you cannot take notes at the time make a written record as soon as possible afterwards and always before the end of the day;
* Record the time, date, location, format of information (e.g. letter, telephone call, direct contact) and the persons present at the time when the information was given and sign and date the record.
* Include as much information as possible but clearly identify which information is fact, what is hearsay and what is opinion. Do not speculate or make assumptions;
* Include any relevant context and background leading to the disclosure;
* Maintain a log of actions on Form 9: Reporting a Safeguarding Concern and record times, dates and names of people contacted and spoken to as well as their contact details;
* Include full details of referrals to the social care services and the police;
* Pass all original records, including rough notes, by the next working day to a Provincial Safeguarding Officer.

**Storage of Records**

All forms and documents should be stored securely, used and retrieved in accordance with data protection requirements. According to the Data Protection Act 1998 records containing personal data should be:

* Processed fairly and lawfully;
* Obtained and used for specific purposes;
* Adequate, relevant and not excessive;
* Accurate;
* Not kept for longer than is necessary;
* Processed in line with a person’s rights;
* Secure;
* Not transferred to non-UK countries without adequate protection.

Records must be stored confidentially and in a secure place and must only be shared with a Provincial Safeguarding Officer, a professional from the relevant local authority social care services, the police, or in line with appropriate disciplinary procedures in order to safeguard a child, young person or adult at risk.

**Form 10:**

**Agreement for use of ICT**

This form is to be given out to those wishing to use church owned/based ICT equipment by the appropriate Church representative. This form must be signed by the individual using the equipment and, in the case of under 18 year olds, be countersigned by an appropriate adult who should normally be a parent/guardian. The form must be signed and returned to the appropriate church representative before ICT is used.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Parish / Organisation:** | |  | | |
| **Name:** | |  | | |
| I understand and agree to abide by the church’s acceptable use of ICT policy. I understand that I must not:   * Search for and/or enter any pornographic, racist or hate motivated sites. * Use ICT provided by the Church to store, display and/or transmit pornographic, sexist, racist, homophobic or violent material. * Send emails or post messages or pictures on any social media site or otherwise use ICT in such a way as to harass, threaten, intimidate, bully, humiliate or abuse any individual or group. * Download, forward and/or burn on to any CD any music, images or movies from the internet without permission of the copyright holder. * Disclose of any personal information relating to others without consent e.g. addresses (personal, email or messenger), telephone numbers or bank details.   I agree to the above terms.  I have read Annex 2 (if under 18 years old then an adult needs to countersign this form) | | | | |
| **Signed:** |  | | **Date:** |  |
| Adult counter signature in the case of a young person under 18 years old. | | | | |
| **Name:** |  | | **Signed:** |  |
| **Relationship:** |  | | **Date:** |  |

**Form 11:**

**Safeguarding**

|  |  |  |  |
| --- | --- | --- | --- |
| **Parish Name / Ministry Area / Mission Area\*** |  | | |
| **Name:** |  | | |
| **Role:** |  | | |
| I *(insert full name)*  hereby declare that I have seen and understood the procedures on how to deal with concerns and allegations regarding safeguarding and will comply with the Church in Wales Safeguarding Policy. | | | |
| **Signature** |  | **Date:** |  |

**The Safeguarding Policy (see Section 1) should be signed and displayed in a public place in your church or church hall**

**\* Ministry / Mission Area name only to be used in united and merged Parishes.**

**Form 12:**

**Application form**

|  |  |  |
| --- | --- | --- |
| Parish: |  | |
| Position applied for: |  | |
| Full Name: |  | |
| Full Address: |  | |
| Telephone Number: | Daytime: |  |
| Evening: |  |

|  |  |
| --- | --- |
| Please specify any relevant qualifications, skills and experience gained through employment or voluntary work that made you suitable for this position. Use continuation sheets if necessary. | |
| Have you ever been convicted of a criminal offence, or are you at present the subject of criminal charges? | |
| Yes / No | If Yes, please detail the nature and date of the offence. |
| Please give the name and address of two referees from whom the parish may seek information regarding your suitability for appointment | |
| Name:  Address:  Telephone Number:  Occupation:  Relationship *(if applicable)*:  Name:  Address:  Telephone Number:  Occupation:  Relationship *(if applicable)*: | |

|  |
| --- |
| *I certify that the information given on this form is true and complete to the best of my knowledge, and I hereby consent to the Disclosure and Barring Service checks being examined to verify the information on this form. I am aware that details of spent convictions will be disclosed, along with other relevant information which may be known to the Police.*  **SIGNED**   **DATED** |

**Form 13:**

**Sample reference request**

**Reference Request**

**CONFIDENTIAL**

The person detailed below has applied for the position below in the following Parish and has supplied your name as a referee in support of their application.

**Important: No applicant can be offered a position with us until we have received 2 independent references, 1 of which has been requested from you.**

Name of Applicant:

Name of Parish:

Position Applied For:

Please fill in the appropriate section depending on your capacity as a referee:

* Current or previous employer or manager (complete Sections A,C & D)
* Current or former school teacher or tutor (complete Sections B & D)
* Personal friend or acquaintance (complete Sections C & D)
* I do not wish to provide a reference for the following reason:

|  |
| --- |
| **Section A (to be completed by current or previous employer)** |

**The Applicant and your Organisation**

In what capacity did you employ the individual?

|  |  |  |
| --- | --- | --- |
| Job title(s) | From | To |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| Absence |
| In the applicant’s last two years of employment:   1. How many days sickness absence from work did they take? 2. How many periods of sickness absence did they have? |

|  |
| --- |
| The Applicant and their Job |
| Does the applicant have any disciplinary actions on their file or are they subject to an investigation or disciplinary hearing? Yes\* [ ] No [ ]  What duties did the applicant carry out in your organisation?  Did they carry them out satisfactorily Yes [ ] No\* [ ]  Would you re-employ the applicant? Yes [ ] No\* [ ] |

Please comment on their attitude to work:

**Now go to Section D**

|  |
| --- |
| **Section C (for personal referees / current or previous employers)** |

How long have you known the applicant?

In what capacity is the applicant known to you?

Please comment on the applicant’s ability to be:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Good | Satisfactory | Poor |
| Honest |  |  |  |
| Reliable |  |  |  |
| Trustworthy |  |  |  |
| Confidential |  |  |  |
| Able to work as part of a team |  |  |  |
| Able to follow procedure |  |  |  |
| Able to treat children, young people and adults at risk with dignity |  |  |  |
| Able to listen to and respect the views of children, young people and adults at risk. |  |  |  |

|  |
| --- |
| Comments |

**Now Go to Section D**

|  |
| --- |
| **Section D (to be completed by ALL referees)** |

Attached are details of the position the applicant has applied for. Please use this space to comment on their suitability for the post (continue on additional sheets if necessary).

|  |
| --- |
|  |

Do you have any concerns about this person’s suitability to work with children, young people or adults at risk?

|  |
| --- |
|  |

Do you have any other relevant comments you wish to make regarding the applicant?

|  |
| --- |
|  |

Do you have any objection to the contents of this reference being shared with the applicant? Yes [ ] No [ ]

Details of the person completing the form:

Name:

Position:

Signed: Date:

Thank you for completing this form. Please return it to:

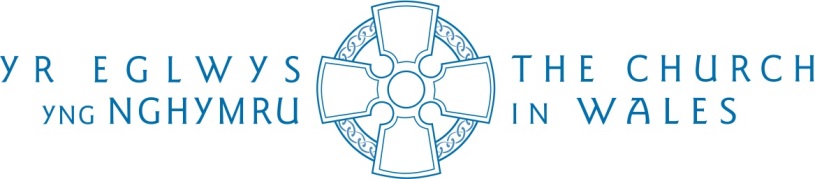
Name:

Address:

**Form 14:**

**Model agreement with a known offender**

**The following  
Provincial Safeguarding Agreement  
should only be completed by  
a Provincial Safeguarding Officer  
or Head of Safeguarding.**

****

***Provincial Safeguarding Agreement***

***Confidential safeguarding agreement between***

***(Name)***

***and the Church in Wales***

The Church in Wales guidelines on safeguarding make provision for those who might pose a risk to children, young people and adults at risk to participate in certain acts of worship provided they do so in the context of a written agreement which ensures the best possible protection of children, young people and adults at risk. This agreement, which comes into immediate effect, is in line with those guidelines.

The reason for this agreement is that following conviction for serious offences against children and / or adults at risk there are concerns about his / her contact with children and young people.

The purposes of this agreement are to:

* take into account the seriousness of offences against (Name) ……………………
* agree the terms of his / her attendance at church

**The Agreement**

* I agree that I will only attend (Name of Church and Village) ………………………………………………………………………………………  
  on advertised services. If I wish to attend any other church I must inform a Provincial Safeguarding Officer so that a written agreement can be made with that church. This agreement is not transferable.
* I agree that I will not seek out, or accept, any role within the church or elsewhere associated with children, young people or adults at risk.
* I agree that I will never allow myself to be in a situation where I am alone with children or young people on church premises or in a church setting.
* I agree that I will not initiate contact with children or young people by any means (e.g. internet, phone or mobile).
* I agree that I will avoid certain meetings or events if so directed by the incumbent or members of the clergy team.
* I agree that in church I will not place myself in the immediate vicinity of children or young people.
* I agree that I will not take photographs or videos of any church activities involving children and young people.
* I agree that if invited into homes for occasions connected to the church, I will not attend if children or young people are present.
* I agree that I will not be a key holder; I will not open up church premises and I will not accept any official role in the church.
* I accept that there will be certain people within the church who will be told of my circumstances.
* I accept that (Name) ……………………………….will supply me with pastoral care.
* I understand that the Church in Wales will work in cooperation with the statutory agencies in accordance with safeguarding legislation and guidance and that any concerns will be taken seriously and reported.
* I understand that if I do not keep to these conditions I may be asked to leave the church and in such circumstances the statutory agencies will be informed.
* I understand that this agreement will be reviewed annually and will remain for an indefinite period.

Signed: NAME

Signed: NAME OF INCUMBENT

Print name:

Signed: POLICE OR PROBATION SERVICE

Print name:

Signed:

PROVINCIAL SAFEGUARDING OFFICER / HEAD OF SAFEGUARDING

Print name

Date of signing:

Elaine Cloke

Head of Safeguarding

07787 244037