



SAFEGUARDING FORMS

OCTOBER 2021

PLEASE NOTE THAT THIS DOCUMENT IS PART OF THE SAFEGUARDING SERIES:

1. *Safeguarding Policy for Children and Young People 2021*
2. *Safeguarding Policy for Vulnerable Adults 2021*
3. *Safeguarding Handbook 2021*
4. *Safeguarding Forms 2021*

PRODUCED BY EMMA AIYERE (SAFEGUARDING NOW) AND ACUK NATIONAL OFFICE

DOCUMENT MANAGEMENT

Document Details

Information Management	SAFE	
Document title	Safeguarding Forms	
Document Author	Emma Tope Aiyere	25 October 2021
Document Approval	Trustee - Safeguarding Lead	2 November 2021

Version Control

Date	Version	Author	Comments
25 October 2021	0.1	Emma Tope Aiyere	First draft
26 October 2021	0.2	Adrian Galley	Amendments
2 November 2021	1.0	Adrian Galley	Minor amendments

Contents

DOCUMENT MANAGEMENT	1
Document Details.....	1
Version Control.....	1
SAFEGUARDING CONTACTS	3
FORM 1 - ACCIDENT AND INCIDENT FORM.....	4
FORM 2 - ADULT SAFEGUARDING INCIDENT RECORDING FORM.....	6
FORM 3 - RESPONDING TO ABUSE - WORKER'S ACTION.....	8
FORM 4 - GENERAL INFORMATION AND CONSENT FORM	10
FORM 5 - ACTIVITIES AND DAY VISITS.....	11
FORM 6 - USING IMAGES OF ADULTS AND CHILDREN	12
FORM 7 - APPLICATION FOR PAID OR VOLUNTARY WORKER POSITION.....	14
FORM 8 - VOLUNTARY DISCLOSURE FORM (STRICTLY CONFIDENTIAL).....	18
FORM 9 - CONTRACT FOR YOUNG PEOPLE'S WORKER	19
FORM 10 - CONTRACT FOR CHILDREN'S WORKER.....	20

SAFEGUARDING CONTACTS

Name of Place of Worship	
Address:	
Tel No:	
General Email address:	
Senior Leader Name:	
Senior Leader Contact Telephone / Email:	
Safeguarding Coordinator Name	
Safeguarding Coordinator Contact Telephone / Email	
Deputy Safeguarding Coordinator Name:	
Deputy Safeguarding Coordinator Contact Telephone / Email:	
Thirty-one:eight, PO Box 133, Swanley, Kent, BR8 7UQ.	24 hour helpline: 0303 003 1111(This should only be used for urgent advice if you are unable to contact your Pastor-in-charge)
Local Authority Children Social Care Department	Tel: Email: Out of hours No:
Membership of Denomination/Organisation	The Apostolic Church UK
Denomination Safeguarding Officer	Adrian Galley
Contact Details for Denomination Safeguarding Officer:	adrian.galley@apostolic-church.org 07817 409635
Lead Trustee for Safeguarding (ACUK)	Craig Hopkins
Contact Details for Lead Trustee for Safeguarding (ACUK)	craig.hopkins@bracklatabernacle.org 07814 332250
Charity Number:	Charity Registration No. 284789 OSCR Registration No. SC037835
Insurance Company	Congregational

FORM 1 - ACCIDENT AND INCIDENT FORM

This form should be completed immediately after any accident or significant incident. The worker should discuss with the Pastor what follow up action is necessary

Day, date and time of the incident _____

What are the names, addresses and ages of those involved in the incident?

Where did this incident take place? _____

Name of church: _____

Name of your group _____

Who is normally responsible for group? (name, address and telephone number)

Who was responsible for the group at the time of the incident, if different from the above?
(name, address and telephone number)

Which other workers were supervising the group at the time of the incident? (names, addresses and telephone numbers)

Who witnessed the incident? (names, addresses, telephone numbers, and ages if under 16)
Normally only two witnesses would be needed.

Describe the accident/incident (include injuries received and any first aid or medical treatment given)

Have you retained any defective equipment?
 YES NO NONE INVOLVED (Please tick)

If so, where is it being kept and by whom?

What action have you taken to prevent a recurrence of the incident?

Is the site or premises still safe for your group to use YES NO (Please tick)

Is the equipment still safe for your group to use? YES NO (Please tick)

Who else do you need to inform?

Have they been informed? YES NO (Please tick)

If so, when and by whom?

Signature of person in charge of group at time of accident/incident

Signature _____

Print Name _____

Date ____/____/____

Form seen by Pastor/Leader

Signature _____

Print Name _____

Date ____/____/____

FORM 2 - ADULT SAFEGUARDING INCIDENT RECORDING FORM

Basic Information	
Full name of the adult concerned	
Address (including postcode)	
Email address	
Telephone Number	
Date of birth	
Date and time of incident	
Location of incident	
Other people present (witnesses)	
Record of incident (continue on a separate sheet if necessary)	
<p>Please ensure you are as accurate and detailed as possible. Use quotes wherever possible – do not interpret what was said using your own words.</p> <p>Include details such as tone of voice, facial expression and body language.</p> <p>Record what you said as well as what the adult said.</p>	

<p>If you have formed an opinion please state it, making it clear that it is your opinion and give reasons for forming that opinion.</p>	
--	--

Who has been spoken to about the incident?			
<i>Position / Organisation</i>	<i>Name</i>	<i>Email</i>	<i>Telephone</i>
Safeguarding Coordinator			
Adult Services			
Police			
Carer			
Other (please state role and organisation)			

Feedback and follow up actions (continue on a separate sheet if necessary)

Name: (person who completed this report).....

Position held in the church:

Signed:

Dated:

FORM 3 - RESPONDING TO ABUSE - WORKER'S ACTION

Name of Church/Group _____

CONFIDENTIAL

Name of Child/Young Person: _____

Address _____

Date of Birth ____/____/____

Name of Person Reporting Event _____

Date ____/____/____ Time _____

Sequence of Events/Actual Words Used/Observations
(Use body chart on page 5 where appropriate, but do not undress the child!)

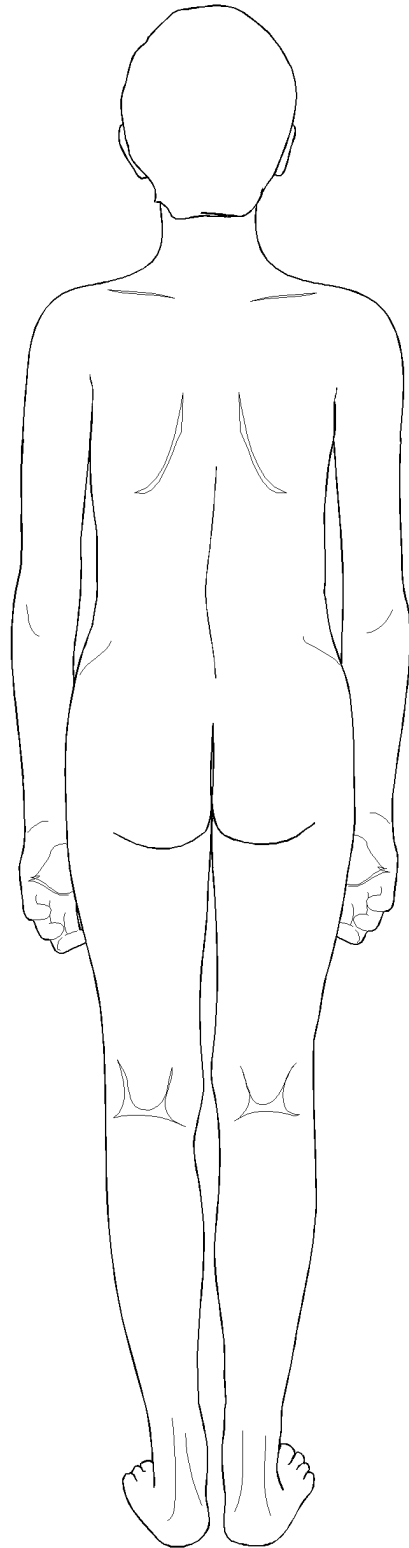
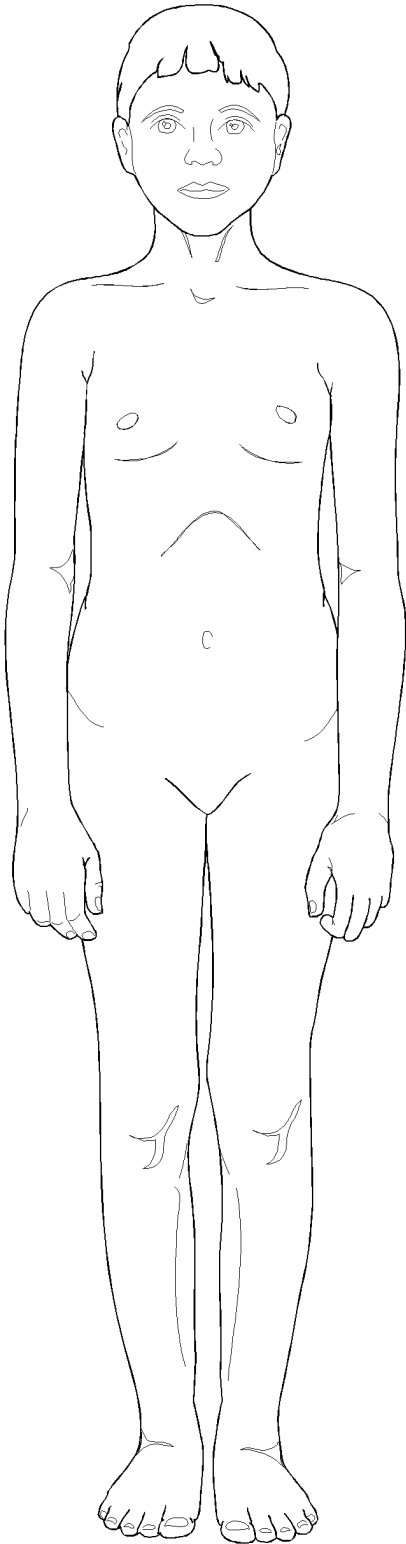
Action Taken

Name of Person Contacted: _____

Date ____/____/____ Time _____

Notes:

BODY CHART



FORM 4 - GENERAL INFORMATION AND CONSENT FORM

Church _____

Group _____

Full name of child/young person _____

Date of Birth ____/____/____

Address _____

Details of any regular medication, medical problem (e.g. asthma, epilepsy, diabetes, allergies, dietary needs, etc.) or disability which may affect normal activity:

Please state date of last anti-tetanus injection if known ____/____/____

With whom does your child live? _____

Telephone number Day: _____ Evening: _____

Name of additional contact (grandparent etc or other holding parental responsibility)

_____ Telephone number _____

If you do not have parental responsibility (e.g. you are a foster carer/grandparent etc) please give details of those with parental responsibility

Names _____

Address(es) _____

Telephone number(s) _____

I give permission for _____ to take part in the normal activities of this group. I understand that separate permission will be sought for certain activities, including swimming, and outings lasting longer than the normal meeting times of the group. 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 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.

In an emergency and/or if I am not contactable, I am willing for my child to receive necessary hospital or dental treatment including an anaesthetic

YES NO (Please tick)

Signed (parent/or adult with parental responsibility) _____

NB The information part can be completed by a carer. Only those with parental responsibility (e.g. this does not include a foster carer) can sign the consent.

FORM 5 - ACTIVITIES AND DAY VISITS

Name of Church/Group _____

Proposed Visit or Activity _____

Design your own form to include the following

- Name of visit or activity
- Date
- Venue/destination
- Departure place and time
- Return place and time
- Cost (inc. cheques payable to)
- Transport arrangements
- Items to be brought (coat, swimming kit, packed lunch, money etc)
- Date by which reply is to be made, and person to whom it should be sent

Then include in your form a photocopy of the reply slip below

Reply Slip

One form per person

Full name of child/young person _____

Address _____

Please give details of any medical conditions (e.g. asthma, epilepsy, diabetes, allergies, dietary needs) or disability that may be affected by this activity)

Telephone number for emergencies Day: _____

Evening: _____

*I have read the above information and I give permission for _____
to take part in this activity.*

I give my consent to any medical treatment that may be necessary in event of an emergency

I enclose a cheque or cash to the sum of £____:____

Signed (parent/or adult with parental responsibility) _____

Date ____/____/____

*This consent form should be taken with the worker on the activity or visit.
This sheet should be photocopied.*

FORM 6 - USING IMAGES OF ADULTS AND CHILDREN

Consent form for _____ *(Insert name of local church)* commissioning photography

To Name: _____
Address: _____

Location of photograph: _____

(Insert name of local church) _____ would like to take your photograph / make a video/webcam recording of you* for promotional purposes. These images may appear in our printed publications, on our website, or both.*

(*Please delete as appropriate)

To comply with the Data Protection Act 1998, we need your permission before we take any photographs or recordings of you. Please answer questions 1 and 2 below, then sign and date the form where shown. We will not use the images taken, or any other information you provide, for any other purpose.

Please return the completed form to *(Insert the name of the person commissioning the photography and the return address):*



Please circle your answer

1. May we use your image in printed publications produced by the *(Insert name of local church)* _____ for promotional purposes? **Yes / No**

2. May we use your image on our website? **Yes / No**

Please note that websites can be seen throughout the world, and not just in the United Kingdom, where UK law applies.

Please also note that the conditions for use of these images are on the back of this form.

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

Your signature: _____ Date: _____

Your name (in block capitals): _____

Conditions of use

1. This form is valid for _____ (length of time in years e.g. 2) from the date of signing / *for this project only. Your consent will automatically expire after this time.
2. We will not re-use any images *after this time / *after the project is completed.
3. We will not include details or full names (which means first name **and** surname) of any person in an image on our website, or in printed publications, without good reason and only with your expressed consent.
4. We will not include personal e-mail or postal addresses, or telephone or fax numbers on our website or in printed publications.

(*Please delete the option that does not apply.)

FORM 7 - APPLICATION FOR PAID OR VOLUNTARY WORKER POSITION



APPLICATION FORM

(FOR PAID OR VOLUNTARY WORK WITH CHILDREN AND YOUNG PEOPLE)

We ask all prospective workers with children and young people to complete this form. If there is insufficient room to fully answer any question, please continue on separate sheet. The information will be kept confidentially by the church/centre, unless requested by an appropriate authority.

Please return form to: *Insert Church name and address*

For photocopying purposes, please use black ink when completing form.		Candidate No.
POST(S) APPLIED FOR:	CLOSING DATE:	
Section A - Personal Details		
Surname:	Forenames:	
Address:	Telephone (Home):	
Post Code:	(Mobile):	
	E-mail Address:	
Section B - Present or Most Recent Employment		
Job Title:		
Date Joined:	Date Left: (if applicable)	
Name and address of employer:		

Main Duties:**Section C - References**

Please provide two professional referees (who are not friends or relatives). At least one referee should be your present or last employer or school. Please note if you are shortlisted, we will contact one of your referees prior to interview.

Name & Address	Occupation	Years known	Contact Details
			Tel No: Email:
			Tel No: Email:

Section D - Previous Employment

Dates		Position held	Employer (name and town of employer)	Reason for Leaving
From	To			

Please explain any gaps in your Employment history				
Section E - Christian Experience				
Please tell us about your Christian experience (i.e. how long have you been a Christian, which Church(es) have you attended and dates, name of Pastor/leader, any activities undertaken.)				
Section F - Skills, Experience and Knowledge				
Please give details of previous experience of looking after or working with children and/or young people. Please include details of any relevant qualifications or appropriate training either in a paid or voluntary capacity.				

Have you ever had an offer to work with children/young people declined?

YES NO (Please tick)

If yes, please give details

Do you suffer, or have you suffered, from any illness which may directly affect your work with children or young people?

YES NO (Please tick)

If yes, please give details.

Section G - Rehabilitation of Offenders Act 1974

All posts involving direct contact with children are exempt from the Rehabilitation of Offenders Act 1974. However, amendments to the Exceptions Order 1975 (2013 & 2020) provide that certain spent convictions and cautions are 'protected'. These are not subject to disclosure to employers and cannot be taken into account. Guidance and criteria on the filtering of these cautions and convictions can be found on the Ministry of Justice website.

Shortlisted candidates will be asked to provide details of all unspent convictions and those that would not be filtered, prior to the date of the interview. You may be asked for further information about your criminal history during the recruitment process. If your application is successful, this self-disclosure information will be checked against information from the Disclosure & Barring Service before your appointment is confirmed.

Section H - Declaration

I confirm that the above information is complete and accurate and I understand that any offer of employment is subject to

- a) references which are satisfactory to the church
- b) a satisfactory enhanced DBS certificate
- c) the entries on this form proving to be complete and accurate and
- d) a satisfactory medical report, if appropriate.

I confirm that I have not been disqualified from working with children, cautioned or sanctioned in this regard.

Signature:

Date:

FORM 8 - VOLUNTARY DISCLOSURE FORM (STRICTLY CONFIDENTIAL)

Only shortlisted applicants with something to disclose should complete this form, returning it in a sealed envelope, as below:

To: _____ (Insert name of Pastor-in-charge of the Children / Young People's Ministry)

Address/other contact details: (Please insert Name and address of Church)

Appointment of _____ (Please

insert the position advertised for)

Voluntary Disclosure

I consent to an enhanced DBS check if appointed to the position for which I have applied. I am aware that details of pending prosecutions, previous convictions, cautions, or bindovers against me will be disclosed along with any other relevant information which may be known to the police, Department of Health or the Department for Education and Skills.

Disclosures

Have you ever been charged with, cautioned or convicted in relation to any criminal offence; or are you at present the subject of criminal investigations/pending prosecution?

YES NO (Please tick)

If yes, please give details including the nature of the offence(s) and dates

Signed _____ Date _____

Print Name: _____

Address: _____

Telephone _____

FORM 9 - CONTRACT FOR YOUNG PEOPLE'S WORKER

Name of Worker: _____

We Welcome You At: _____

Name of Group: _____

Meeting Details: _____

Age Range(s): _____

Person to Whom You Are Responsible (e.g. Youth Group Leader):

Range of work/tasks to be undertaken:

We want to help you give the best possible service to your group, so we will meet with you from time to time to see how things are going.

We would also like to make sure that you receive any training needed.

Signed _____ DATE _____
*(Insert name of Pastor-in-charge of the
Young People's Ministry)*

To Be Completed By the Worker With Children/Young People

I confirm that I have read the church policy on protecting children and young people.

I will endeavour to carry out the policy and if there are things I do not understand or if I have reason to be concerned about a child I will check with the appropriate leaders.

I will follow guidelines on safe working practice and the code on discipline.

Signed _____ DATE _____

FORM 10 - CONTRACT FOR CHILDREN'S WORKER

Name of Worker: _____

We Welcome You At: _____

Age Range of class/group: _____

Person to Whom You Are Responsible/Sunday School co-ordinator:

Range of work/tasks to be undertaken:

We want to help you give the best possible service to your group, so we will meet with you from time to time to see how things are going. We would also like to make sure that you receive any training needed.

Signed _____

Date _____

(Insert name of Pastor-in-charge of the Children's Ministry)

To Be Completed By the Worker With Children/Young People

I confirm that I have read the church policy on protecting children and young people.

I will endeavour to carry out the policy and if there are things I do not understand or if I have reason to be concerned about a child I will check with the appropriate leaders.

I will follow guidelines on safe working practice and the code on discipline.

Signed _____

Date _____