



SAFEGUARDING FORMS

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

1. Safeguarding Policy
2. Safeguarding Handbook
3. Safeguarding Forms

PRODUCED BY ACUK NATIONAL OFFICE IN ASSOCIATION WITH THIRTYONE:EIGHT

DOCUMENT MANAGEMENT

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SAFEGUARDING CONTACTS

Name of Place of Worship	Word of faith Centre
Address:	27-29 Alma Street LU1 2PL
Tel No:	01582 520444
General Email address:	Wofc.org.uk
Senior Leader Name:	Fred Lamptey & Kingsley Blake
Senior Leader Contact Telephone / Email:	Fred Lamptey 07538848915 Kingsley Blake 07538848916
Safeguarding Coordinator Name	Trezett Derosé
Safeguarding Coordinator Contact Telephone / Email	Trezette Derosé 07584179185
Deputy Safeguarding Coordinator Name:	Diane Aquart
Deputy Safeguarding Coordinator Contact Telephone / Email:	Diane Aquart 07772440631
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: 01582 546000 Email: mash@luton.gov.uk Out of hours No: 0300 790 0342.
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 - RECORD OF CONCERN FORM

Part 1: Record of concern about a child/adult's safety and welfare

(for use by any staff/volunteers- This form can be filled in electronically. If the form is handwritten care should be taken to ensure that the form is legible)^{1, 2, 3}

Child/Adult's name (subject of concern):	Date of birth/age: Child/Adult:	Address:
Date & time of incident:	Date & time (of writing):	
Your Name (print): Role/Job title:		
Signature:		
Other members of the household ⁴ :		
Record the following factually: Nature of concern, e.g. disclosure, change in behaviour, demeanour, appearance, injury, witnesses etc. <i>(please include as much detail in this section as possible. Remember - the quality of your information will inform the level of intervention initiated. Attach additional sheets if necessary.)</i>		
How did the concern come to light?		
What is the child/adult saying about what has happened ⁴ ?		
Any other relevant information. Previous concerns etc.		
Date and time of discussion with Safeguarding Co-ordinator ⁵ : _____		

Check to make sure your report is clear to someone else reading it.

Please pass this form to your Safeguarding Coordinator without delay

Guidance notes for Form 1 (volunteers/staff only):

Following are some helpful pointers in completing the above form:

1. As a registered body the church/charitable organisation is required to ensure that its duty of care towards its beneficiaries is carried out in line with the principles enshrined within the Working together to safeguard children and young people, 2018 and the Care Act, 2014. (Refer to your own church's/organisation's safeguarding policy at this point too).
2. Essential principles of recording the information received/disclosed/observed:
 - a. Remember: do not investigate or ask any leading questions
 - b. make notes within the first one hour of receiving the disclosure or observing the incident
 - c. be clear and factual in your recording of the incident or disclosure
 - d. avoid giving your opinion or feelings on the matter
 - e. aim to record using the 4 W's and 1 H: When, where, what, why and how
 - f. do not share this information with anyone else except your safeguarding co-ordinator in the first instance and they will advise on who else will need to be informed, how and when.
 - g. make use of the additional information section to add any other relevant information regarding the child/adult/ family that you may be aware of. This can include any historic concerns or observations.
3. **What constitutes a safeguarding concern?** – any incident that has caused or likely to cause significant harm to a child can be classed as a safeguarding concern. Abuse is classified under four different categories (with regards to children) as already stated within the safeguarding policy (physical, sexual, emotional, neglect). With regards to adults there are 6 further categorisations. Whilst it may be helpful to record a specific category in the above form, if possible, this may not always be the case. Therefore, it is important to seek advice from your safeguarding co-ordinator or thirtyone:eight at this stage.
4. **Why do you need information regarding 'other household members'?** – It has been demonstrated as important to include information about significant adults in the household especially when concerns relate to children as this has been a recurrent risk factor in several serious case reviews.
5. **Why is the view of the child/adult significant?** It is important to give whatever detail is available of the child or adult's explanation (or verbatim) of the matter to help ascertain if it is plausible and to help offer a context to the concern identified.
6. **Passing information to the Safeguarding co-ordinator** – Your safeguarding co-ordinator holds ultimate responsibility in responding to any safeguarding concerns within the church/organisation and therefore it is important that they have oversight of the actions being taken and make relevant and appropriate contact with statutory agencies if required. They will remain the most appropriate link between the organisation and external agencies.

Part 2: Record of concern about a child/adult's safety and welfare

(for use by Safeguarding Coordinator - This form can be filled in electronically. If the form is handwritten care should be taken to ensure that the form is legible)

Information received by SC:	Date:	Time completed:	From whom:		
Any advice sought , if applicable	Date:	Time completed:	Source of advice: name/organisation:		
	Advice received: Advice received about informing parents or in the case of adults, seeking consent/capacity ¹ :				
Initial Assessment of concern following advice ²					
Action taken with reasons recorded <i>(e.g. Referral completed, monitoring advice given to appropriate staff, CAF etc)</i>	Date:	Time completed:	By whom:		
	Referral		To whom		
	Signposting to other community resources				
	Pastoral Care and other support from church				
	Ongoing Monitoring				
Parent/carer informed?	Y	Who spoken to:	Date:	Time:	By whom:

	N	Detail reason:	
Any other relevant information			
Name of Safeguarding Coordinator:		Signature:	

OVERVIEW OF ACTIONS³:

S.No.	Date	Outcome (if known)	Service currently involved	Ongoing support offered by church (this can include monitoring)- include dates
1.				

Guidance notes for Form 2:

Following are some helpful pointers in completing the above form(s)

1. **Importance of consent from parents/carer or adults (in the light of mental capacity)** - With regards to children, consent of the parents is considered important before a referral is made to external agencies, unless of course doing so will place the child(ren) at greater risk of harm. With regards to adults, it is important to be aware that their consent is crucial before reporting concerns onto statutory agencies. The individual's mental capacity will also be a significant factor to consider at this stage. You can always seek the advice of local authority social services.
2. **Initial assessment-** Based on the advice you may have received from relevant individuals/agencies (i.e. this could be school/thirtyone:eight/CEOP etc), what are the concerns categorised as?
3. **Overview of actions** - Includes a summary of the actions taken so far and who holds responsibility for it. You can use this section to add on information gathered when monitoring the situation or offering pastoral care over a defined period of time.

FORM 3 - 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 4 - 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
- Details of contact for safeguarding concerns and emergency contact

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.*

Whenever medical advice or treatment is needed, the assistance of a GP or A&E Department of a hospital should be sought. The Children Act 1989 allows a doctor to provide any necessary treatment by doing 'what is reasonable in all the circumstances of the case for the purpose of safeguarding or promoting the child's welfare'.

However, the parent/carer should be contacted and advised of the situation as soon as possible. It is important, however that those caring for children and young people on day trips, outings and residential activities obtain in advance from the parent/carer:

1. All necessary information concerning the child/young person's health, allergies, medication etc.
2. Written agreement as follows:

I understand:

- My child will receive medication as instructed before or during the event.
- Every effort will be made to contact me as soon as possible should my child become ill or have an accident.
- My child will be given medical/dental treatment as necessary.

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

Signed (parent/or adult with parental responsibility) _____

Date ____/____/____

The information requested on this form can be completed by a carer, but only those with parental responsibility can sign the consent (NB: This may not include a foster carer).

FORM 5 - USING IMAGES OF ADULTS AND CHILDREN

Consent form for _____ Word of Faith Centre commissioning photography

To Name: _____
Address: _____

Location of photograph: _____

Word of Faith 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 Word of Faith Centre _____ 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 6 - MODEL JOB APPLICATION (PAID/VOLUNTARY) FORM

APPLICATION FORM FOR PAID OR VOLUNTARY WORK WITH CHILDREN, YOUNG PEOPLE AND ADULTS

Name of place of worship/organisation:

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

1. Personal Details

We will need to see birth/marriage certificates or documents regarding a change of name.

Full Name: _____

Maiden/Former Name(s): _____

Date and place of birth: ____ / ____ / ____

Address: _____

Postcode: _____

Daytime Tel No: _____ Mobile Tel No: _____

Evening Tel: _____

Email address: _____

How long have you lived at the above address? _____ Years _____ Months

If less than 5 years, please give previous address(es) with dates:

From/To ____ / ____ / ____ - ____ / ____ / ____ From/To ____ / ____ / ____ - ____ / ____ / ____

Previous _____ Previous _____

Address _____ Address _____

Post Code _____ Post Code _____

Please tell us about your Christian experience/experience in the church(es)/organisation(s) you have been involved in, including names, dates and detail of the areas of your involvement.

Please give details of previous experience of looking after or working with children, young people or adults. This should 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 or adults with care and support needs declined?

YES NO (Please tick)

If yes, please give details

2. Employment History

Please tell us about your past and current employment / voluntary work in the table below.

Employers Name and Address	Employed from (Date)	Employed to (Date)	Job Title and Description	Reason for Leaving

3. Are you currently working in any other care position in either a voluntary or paid capacity?

If yes please give details:

Name of the organisation: _____ Contact person: _____

Address:

_____ Tel no: _____

Details of duties:

4. References

Please complete the details below of two people who would be willing to provide a personal reference. If you are currently working, (paid or voluntary) one of these should be your present employer. You should also provide details of your leader of place of worship/line manager. We reserve the right to take up character references from any other individuals deemed necessary.

	REFEREE 1	REFEREE 2
Name		
Address		
Post Code		
Tel No		
Relationship		
Email		

Place of worship, leader/ line manager

Name	
Address	
Tel no:	

Please would you complete the attached Self-declaration Form, place it in a sealed envelope and address it to _____ (the person responsible for processing Disclosure Checks) with whom you are welcome to discuss any aspects of this procedure. Please confirm that you understand and agree to a Disclosure Check should we wish to appoint you to a post involving working with adults and/or children.

I confirm that the submitted information is correct and complete, I understand and agree to the conditions involving a Disclosure Check and I have sent the Self-Declaration Form to the Recruiter in a separate, sealed envelope.

Signed: _____ Date _____

FORM 7 - REFERENCE PRO-FORMA FOR UK OR OVERSEAS WORK

(Paid and Volunteer Workers with Children/ Adults)

Private and Confidential.

REFERENCE FOR (name):	
POSITION APPLIED FOR (WITH DESCRIPTION):	

Your name
Occupation
How long have you known this person?
In what capacity do you know this person?
Do you have any reason to be concerned about this person being in close contact with or having responsibility for children/young people/adults with care and support needs*?
YES. NO. (please circle)
If you have answered yes, we will contact you for further details
What, in your view makes them suitable for this role/post (Job Description attached)?
Is there anything about them that would make them less suitable for some aspects of this role?
How would you describe their personality and motivation for working with children/young people/adults with care and support needs*?

Please rate the person on the following:

	Poor	Average	Good	Very Good	Excellent
Responsibility					
Reliability					
Self-Control					
Commitment					
Trustworthiness					
Understanding/Empathy					
Awareness of Risk					
Practicality					
Patience					

--	--	--	--	--	--

You may wish to add further relevant criteria

Signed:

Date:

Name :

Address :

Contact phone number:

Thank you for providing this information. We may need to contact you to confirm that you have written this reference.

* Children/young people/adults with care and support needs - delete as appropriate

FORM 8 - OVERSEAS ADDITIONAL INFORMATION FORM:

Personal details:

	YOUR DETAILS:	NEXT OF KIN:
Full Name:		
Also known as:		
Permanent address (inc postcode)		
Email address		
Telephone		
Mobile		
Skype:		
Temporary address (if applicable)		
Relationship to you		

Medical details

Do you have any allergies, including food allergies? If yes, give details:
YES NO (please circle).
Do you have any special dietary requirements? If yes, give details:
YES NO (please circle).
Do you have any current health or medical conditions?
YES NO (please circle).
If yes, give details and any medication you take:

Overseas specific application questions:

Do you have any preference for a country or ministry for your placement? If yes, give details:
YES NO (please circle).
Do you have any commitments that would affect you during your time travelling with ActionOverseas (e.g. family, work, church, courses, medical etc.)? If yes, give details:
YES NO (please circle).
How do you feel about living in a community building with other people?
How do you feel you relate to people of other cultures, races and/or religions?
How would you feel about being led by someone younger and/or less experienced than yourself?

How do you intend to pay for the costs of your travel / placement?

Skills and Interests

Do you speak any languages, apart from English? If yes, give details:

YES NO (please circle).

Do you hold a current driver's licence? If yes, for how long have you held it:

YES NO (please circle).

Please indicate your interest and ability in these areas:

Practical work:

Musical:

Sports/Outdoor pursuits:

Artistic/Creative:

IT Skills:

Give a brief description of any other hobbies or interests:

FORM 9 - VOLUNTARY DISCLOSURE FORM (STRICTLY CONFIDENTIAL)
Self-declaration form for a position requiring an enhanced Disclosure



Strictly confidential

As a place of worship we undertake to meet the requirements of the **Data Protection Act 1998** General Data Protection Regulations (from 25th May 2018) and all other relevant legislation, and the expectations of the Information Commissioners Office relating to the data privacy of individuals.

All applicants are asked to complete this form, and return it, to the Recruiter detailed below, in a separate sealed envelope, or by email

To: Laverne Anamelechi, Lead Recruiter, ACUK

Email: lanamelechi@apostolic-church.org

Address: The Apostolic Church, Suite 105, Crystal House, New Bedford Road,
Luton LU1 1HS

Position applied for:

Conviction history

If you have never been convicted of a criminal offence or never received a caution, reprimand or warning then please select 'No' below. If you have been convicted of a criminal offence, or received a caution, reprimand or warning that is now spent according to DBS filtering rules*, then please select 'No' below.

If you have an unspent criminal offence, caution, reprimand or warning (according to DBS filtering rules*), please select 'Yes' below.

For exceptions to this legislation or for more information please refer to the Rehabilitation of Offenders Act 1974 and the DBS filtering guidance*.

Having read the above, do you have any unspent convictions; or are you at present the subject of a criminal investigation/ pending prosecution?

Yes No (please tick)

If yes, please give details including the nature of the offences and the dates. Please give details of the court(s) where your conviction(s) were heard, the type of offence and sentence(s) received. Could you also give details of the reasons and circumstances that led to the offence(s). Continue on a separate sheet if necessary.

*links can be found at thirtyoneeight.org/dbs-links

Police investigation

Have you ever been the subject of a police investigation that didn't lead to a criminal conviction?

Yes No (please tick) If yes, please give details below, including the date of the investigation, the Police Force involved, details of the investigation and the reason for this, and disposal(s) if known.

To your knowledge have you ever had any allegation made against you, which has been reported to, and investigated by, Social Services/Social Work Department (Children's or Adult Social Care)?

Yes No (please tick) If yes, please provide details, we will need to discuss this with you.

Has there ever been any cause for concern regarding your conduct with children, young people, vulnerable adults?

Please include any disciplinary action taken by an employer in relation to your behaviour with adults.

Yes No (please tick) If yes, please give details.

Declaration

To help us ensure that we are complying with all relevant safeguarding legislation, please read the accompanying notes and complete the following declaration.

I (full name) _____ of (address) _____

consent to a criminal records check if appointed to the position for which I have applied. I have read the Standard/Enhanced Check Privacy Policy for applicants - thirtyoneeight.org/dbs-links. I understand how DBS will process my personal data and the options available to me for processing an application. I am aware that details of pending prosecutions, previous convictions, cautions, or bind-overs against me may be disclosed along with any other relevant information which may be known to the police.

I agree to inform the person within the place of worship/organisation responsible for processing disclosure applications if I am convicted of an offence after I take up any post within the place of worship/organisation. I understand that failure to do so may lead to the immediate suspension of my work with children or vulnerable adults and/or the termination of my employment.

I agree to inform the person within the place of worship/organisation responsible for processing disclosure applications if I become the subject of a police and/or a social services/(Children's Social Care or Adult Social Services)/Social Work Department investigation. I understand that failure to do so may lead to the immediate suspension of my work with children or vulnerable adults and/or the termination of my employment.

Signed: _____ **Date:** [Click or tap to enter a date.](#)

Those applying for work with children and/or vulnerable adults in positions which fall within the scope of regulated activity please confirm that you are not barred from working with children/vulnerable adults.

I confirm that I am not barred from working with children OR I confirm that I am not barred from working with adults at risk

Signed: **Date:** Click or tap to enter a date.

NB: Those applying for work with children and/or vulnerable adults in positions which fall outside the scope of regulated activity should not complete the declaration above.

Legalese - attached notes

The Disclosure of any offence may not prohibit employment. Please refer to our Rehabilitation of Offenders / Model Equal Opportunities Policy.

As this post involves working contact with children, young people and/or vulnerable adults all applicants who are offered an appointment will be asked to submit to a criminal records check before the position can be confirmed. You will be asked to apply for an Enhanced Disclosure through the Disclosure and Barring Service (DBS) (England & Wales) or through Access NI if you are in Northern Ireland or through Disclosure Scotland if you live in Scotland.

As the position is exempted under the Rehabilitation of Offenders Act this check will reveal details of cautions, reprimands or final warnings, as well as formal convictions not subject to DBS filtering rules. Because of the nature of the work for which you are applying, this position is exempt from the provision of section 4(ii) of the Rehabilitation of Offenders Act 1974 (Exemptions Orders as applicable within the UK), and you are not entitled to withhold information about convictions which for other purposes are 'spent' under the provisions of the Act with the exception of those that are subject to the DBS filtering rules.

In the event of appointment, any failure to disclose such convictions could result in the withdrawal of approval to work with children or vulnerable adults within the church/organisation. This process is subject to a strict code to ensure confidentiality, fair practice and security of any information disclosed.

The DBS Service Code of Practice and our own procedures are available on request for you to read. It is stressed that a criminal record will not necessarily be a bar to appointment, only if the nature of any matters revealed could be considered to place children or vulnerable adults at risk.

As a place of worship/organisation we agree to abide by the Code of Practice on the use of personal data in employee/employer relationships under the General Data Protection Regulations effective from May 25th 2018, as well as the expectations of the DBS.

Notes - Children and Young People

Under the Protection of Freedoms Act 2012 it is an offence for any organisation to offer employment to anyone who has been convicted of certain specific offences, or included on either of the two barred lists held by the Disclosure and Barring Service where the post falls within the scope of regulated activity (as defined by the DBS, under the Safeguarding Vulnerable Groups Act 2006 and the Protection of Freedoms Act 2012). An enhanced with barred list check must be completed. Those working with children and / or vulnerable adults in posts which fall outside the scope of regulated activity may still be eligible for an enhanced disclosure WITHOUT a barred list check.

The DBS offers both an enhanced check and for those engaged in regulated activity an enhanced with a barred list check. For applicants in Scotland and Northern Ireland, similar provisions apply.

DBS Eligibility from: thirtyoneeight.org/dbs-links

FORM 10 - JUNIOR HELPER FORM

Name of Place of Worship/Organisation _____

Group _____

Full Name of Junior Helper _____ DOB _____

Address _____ Phone number _____

Thank you for agreeing to be a junior helper in _____ (name of group). We very much value and appreciate your willingness to serve God in this way. You will be expected to help _____ (leader) with _____ (please state tasks). Above all help the children to have lots of fun but not forgetting to have fun yourself.

Never be aggressive, angry or unfriendly towards the children. Try and have a happy smile and be gentle with them during games. Give praise for their achievements but help and encourage them with consideration when they find things difficult. Above all show them God's love through your caring actions.

You will be assigned a named leader (please state) _____ who will give you care, personal supervision and guidance. You can talk to them at any time on any topic, even if it's not related to _____ (name of group) and even outside _____ (name of group) time. Also feel free to contact them if you can't attend _____ (name of group).

During _____ (name of group) other leaders may ask you to assist them when children are separated into different groups: please take your supervision from them for that period.

Finally, avoid too much close physical contact, children may wish to cling to you or constantly sit on your lap or jump on you whilst rolling around on the floor. Instead just encourage them to take part in what has been organised for them. To support you in the great work you will be doing as a helper we will ensure that you are NEVER alone with the children. We will ensure that you will only be involved in activities where you are under direct supervision and eye contact of the leader.

I _____ commit regularly to attend and help at _____ (name of group) for the agreed period of time with the exception of sickness, school outings, exams and study leave.

Signed _____ Age _____ Date _____

Travel arrangements getting home: I have made travel arrangements after _____
(name of group) particularly during the dark evenings, and these are as follows:

Approved by: Parent/Carer (person with parental responsibility)

Sign: _____ please keep a copy and return the other.

Agreed period: _____ months. Expires _____ You can arrange to renew this
commitment at this date.

Appointment approved by: _____ (name of leader of
group/organisation)

Named Leader: _____ Contact Number: _____

FORM 11 - CODE OF CONDUCT FORM

CODE OF CONDUCT

[Name of group / organisation] behaviour code for working with children, young people and adults at risk of harm

Purpose

This behaviour code outlines the conduct expected of all workers (staff and volunteers). The code of conduct aims to help protect adults at risk of harm, children and young people from abuse and inappropriate behaviour from those in positions of trust, and to reduce the risk of unfounded allegations of abuse being made.

The role of workers (staff and volunteers)

When working with children and young people or adults at risk of harm, you are acting in a position of trust for [name of group/organisation]. You will be seen as a role model and must act appropriately.

Good practice

- Treat everyone with dignity, respect and fairness, and have proper regard for individuals' interests, rights, safety and welfare
- Work in a responsible, transparent and accountable way
- Be prepared to challenge unacceptable behaviour or to be challenged
- Listen carefully to those you are supporting
- Avoid any behaviour that could be perceived as bullying, emotional abuse, harassment, physical abuse, spiritual abuse or sexual abuse (including inappropriate physical contact such as rough play and inappropriate language or gestures)
- Seek advice from someone with greater experience when necessary
- Work in an open environment - avoid private or unobserved situations
- Follow policies, procedures and guidelines and report all disclosures, concerns, allegations, and suspicions to the safeguarding co-ordinator
- Don't make inappropriate promises particularly in relation to confidentiality
- Do explain to the individual what you intend to do and don't delay taking action

Unacceptable behaviour

- Not reporting concerns or delaying reporting concerns
- Taking unnecessary risks
- Any behaviour that is or may be perceived as threatening or abusive in any way
- Passing on your personal and/or social media contact details and any contact that breaches [name of group/organisation] social media policy
- Developing inappropriate relationships
- Smoking and consuming alcohol or illegal substances

- Favouritism/exclusion - all people should be equally supported and encouraged

Breaching the Code of Conduct

If you have behaved inappropriately, you will be subject to disciplinary procedures (particularly in the case of paid staff where the line manager will consult the safeguarding coordinator as appropriate). Depending on the seriousness of the situation, you may be asked to leave [name of group/organisation]. We may also make a referral to statutory agencies such as the police and/or the local authority children's or adult's social care departments or DBS. If you become aware of a breach of this code, you should escalate your concerns to the safeguarding coordinator or line manager (in the case of a paid staff member).

Declaration

I agree to abide by the expectations outlined in this document and confirm that I have read the relevant policies that assist my work with vulnerable groups.

Name:

Signature:

Date:

FORM 12 - CODE OF CONDUCT FORM (OVERSEAS)

CODE OF CONDUCT IN OVERSEAS CONTEXT

[Name of group / organisation] behaviour code for working with children, young people and adults at risk of harm

Purpose

This behaviour code outlines the conduct expected of all workers (staff and volunteers). The code of conduct aims to help protect adults at risk of harm, children and young people from abuse and inappropriate behaviour from those in positions of trust, and to reduce the risk of unfounded allegations of abuse being made.

The role of workers (staff and volunteers)

When working with children and young people or adults at risk of harm, you are acting in a position of trust for [name of group/organisation]. You will be seen as a role model and must act appropriately.

Good practice

- Treat everyone with dignity, respect and fairness, and have proper regard for individuals' interests, rights, safety and welfare
- Work in a responsible, transparent and accountable way
- Be prepared to challenge unacceptable behaviour or to be challenged
- Listen carefully to those you are supporting
- Avoid any behaviour that could be perceived as bullying, emotional abuse, harassment, physical abuse, spiritual abuse or sexual abuse (including inappropriate physical contact such as rough play and inappropriate language or gestures)
- Seek advice from someone with greater experience when necessary
- Work in an open environment - avoid private or unobserved situations
- Follow policies, procedures and guidelines and report all disclosures, concerns, allegations, and suspicions to the safeguarding co-ordinator
- Don't make inappropriate promises particularly in relation to confidentiality
- Do explain to the individual what you intend to do and don't delay taking action

Unacceptable behaviour

- Not reporting concerns or delaying reporting concerns
- Taking unnecessary risks
- Any behaviour that is or may be perceived as threatening or abusive in any way
- Passing on your personal and/or social media contact details and any contact that breaches [name of group/organisation] social media policy
- Developing inappropriate relationships
- Smoking and consuming alcohol or illegal substances

- Favouritism/exclusion – all people should be equally supported and encouraged

Conduct in Overseas Contexts

- Treat everyone with respect, including your overseas hosts, local missionaries, your team members, and indigenous leaders/people.
- Be sensitive to cultural differences. Avoid any negative comments, mannerisms, or actions when you experience things done differently from what you are used to or what you would expect.
- Respect the wisdom, experience, and local knowledge of your hosts or mission partners – their understanding of local context is invaluable.
- Avoid any negative political, racial or cultural comments or slurs which could cause offence or create hostility.
- Have an attitude of inclusivity amongst the team and with the local hosts/partners. Avoid any exclusive relationships which may cause divisions or unnecessary tensions.
- Ensure punctuality and participation in all mission related activities.
- Dress modestly and appropriately – check with local hosts/team leader for any specific dress codes.
- Maintain high standards of personal hygiene.
- Do not give any gifts (financial or otherwise) without prior discussion with, and agreement from, the team and the local host/mission partner.
- Do not make any promises of future help or financial gifts without prior discussion with, and agreement from, the team and the local host/mission partner (and only with full knowledge that you can fulfil the promise).
- Do not post or share photographs, video, or audio material without consent.
- At all times follow the guidance and advice listed in the Overseas Risk Assessment relating to your visit/trip.
- Ensure that your actions and behaviours do not put yourself, a team member, or anyone else at unnecessary risk of harm, injury, or loss.
- Do not abuse your privileged position as a guest in this foreign country
- Beware of causing offence by actions or behaviours, which, may be acceptable in your own country, but which are not appropriate in your host nation.

Breaching the Code of Conduct

If you have behaved inappropriately, you will be subject to disciplinary procedures (particularly in the case of paid staff where the line manager will consult the safeguarding coordinator as appropriate). Depending on the seriousness of the situation, you may be asked to leave [name of group/organisation]. We may also make a referral to statutory agencies such as the police and/or the local authority children's or adult's social care departments or DBS. If you become aware of a breach of this code, you should escalate your concerns to the safeguarding coordinator or line manager (in the case of a paid staff member).

Declaration

I agree to abide by the expectations outlined in this document and confirm that I have read the relevant policies that assist my work with vulnerable groups.

Name: Trezett Derose

Signature: T Derose

Date: 14/12/2023

FORM 13 - RISK ASSESSMENT - WORKING OVERSEAS

Name of local church and project:	
Trip Leader:	
Country/ies to be visited:	
Have you travelled to this country before?	
If yes, in what capacity?	
Proposed dates of travel:	
Team Leader/s:	
Team Members:	<ol style="list-style-type: none"> 1. 2. 3. 4. 5. 6.

Are any of the team members minors or vulnerable adults? If so, what actions or procedures have been put into place to ensure their safety and wellbeing?
If appropriate, have any consents e.g. parental, been obtained?
What is the purpose of the overseas visit?

What is the outline of your travel arrangements?

Date	Travel	Accommodation	Contact	Comment

Partner organisations:

Who are the receiving hosts or partners that you will be working with during the visit?	1:	2:
How long have you known them?		
Have you worked with them previously? If so, when and for what purpose?		
Provide a brief summary of your relationship with this partner:		
Does this partner have a safeguarding policy in place?		
Who will take the role as Safeguarding Lead?		
Do we have a Memorandum of Understanding in Place?		

What activities are to be undertaken during the visit?
•
Do any of these activities involve working with children or vulnerable adults? If so, what measures are in place to ensure their safety and wellbeing?

POLITICAL/SECURITY RISKS:

Political Risks include: Government Decisions/Stability, Conflicts, Political Demonstrations

Security Risks include: Terrorism, Crime, Riots etc.

NB - In all circumstances, ***follow government advice***, which is available from the Foreign, Commonwealth & Development Office website at

<https://www.gov.uk/government/organisations/foreign-commonwealth-office>

Are any restrictions to this location advised by the Foreign, Commonwealth & Development Office (FCO) on their website?

Are there any unique risk factors linked to the specific location or activity? If so, what are they and how will these be addressed?

Does the country you are planning to visit have a Global Peace Index political instability score higher than 3.5 - <https://www.visionofhumanity.org/maps/#/> ?

Does your intended country to be visited appear on the Open Doors watchlist for Christians?

Are you aware of any reports of kidnappings, abductions, organised or violent crime in the areas you plan to visit?

What plans do you have in place in the case of capture, kidnap, or serious medical emergency?

Are any activities planned which are likely to involve lone working or individuals being located in remote areas that could pose a risk? What security measures are in place?

Is any local travel planned late at night or across remote areas? What precautions have been planned.

FINANCE:

Finance risks include: Lack of Funds, Accessibility of Funds, Inability to use Credit or Debit Cards, Theft, Accessibility to the internet

How much money are you planning to take overseas? Is this sufficient, allowing for any exceptional or unseen costs?

Are International Credit Cards widely accepted?

Do you have any back up options for accessing funds should credit cards not be accepted or cash reserves are depleted?

Do you intend to give any gifts, financial or other, during the visit? If so, how will

these be given and who will decide on what is given and to whom?
Do you intend to provide support on a longer-term basis following this visit? Have you considered the potential implications of long-term support e.g. dependency?
Is the banking system within the country considered reliable and trustworthy?

HEALTH: Health Risks include: Access to medical/emergency care, infections, First Aid Equipment, Language & Cultural Barriers
Has each team member consulted with their GP and/or local travel clinic regarding possible immunisations, vaccinations, or prophylaxis requirements for the destination?
Have any of the team members been given specific medical advice or advice not to travel which may require additional risk assessments or amendment to travel/activity plans?
Has each team member arranged suitable travel and health insurance to cover for the entirety of the trip?
Has each team member arranged sufficient prescription medications, if required, for the entirety of the trip (with surplus in case of emergencies)?
What is the healthcare system like in the country/location you are visiting? Is additional medical and repatriation insurance required?
How close is the nearest hospital, clinic or pharmacy in normal driving conditions?
Does the NHS Fit for Travel website indicate specific warnings of potential risks e.g. Malaria, Yellow Fever, water-borne viruses etc? Please follow the attached link and select country. https://www.fitfortravel.nhs.uk/destinations
Do you have access to someone locally who can translate when seeking medical advice and/or treatment?
Do hospitals, clinics or ambulances require payment up front before admitting someone for medical assistance?
Is there a qualified first aider on the team? Will there be access to an emergency first aid kit?

Are any activities planned which may carry health risks e.g. fresh water swimming (risk of Bilharzia or other water borne infections) - if so what precautions have been put into place?

ENVIRONMENTAL:

Environmental/Weather Risks include: Metrological, Tectonic, Human Made, Climate, Geological, Emergency Response

Does the average maximum temperature exceed 35 degrees Celsius the average minimum drop below 5 degrees Celsius? What precautions are necessary to combat potentially extreme temperatures? <https://weather-and-climate.com/averages>

Has the country or area of proposed travel been subject to natural disasters in the last 3-5 years e.g. tropical cyclone, hurricane, typhoon, droughts, flooding, blizzards - <https://www.unocha.org/> If yes, what actions or evacuation plans are in place?

Are local weather conditions heightened at the time of your proposed travel dates?

SUNDRIES:

Sundry risks include: supply and reliability of basic utilities, accessibility of internet or mobile networks, documentation,

Does each team member have a valid passport with suitable blank pages and remaining time as required by the destination country?

Have suitable visas been arranged (if required) including any potential transit stops?

Are any team members planning on staying in country for holiday or other reasons?

Are any team member planning on undertaking any activities which would be considered dangerous or high risk e.g. skydiving which may require additional insurance?

Are there regular power outages (load shedding) which could seriously restrict ability to communicate with UK link person (or others on the team)? What plans do you have in place to deal with these issues?

Is Wi-Fi readily available in country? Is there a good network coverage in the area you are travelling to?

Are there any censorship of mobile Apps or brands of technology?
Are any non-missional activities planned as part of the trip?
Will any in country travel be longer than 4 hours? What are the potential risks and how can they be mitigated against?
Is the accommodation to be used considered safe and secure? Is it in a safe and secure area?

Declaration

I, XXXXXXXXXXXXXXXX, confirm that this risk assessment for travel to XXXXXXXX on XXXXXXXXXXXX has been completed truthfully and to the best of my knowledge and ability.

I confirm that I will amend the Risk Assessment and inform my UK Lead person should any circumstances or situations change, either prior to, or during, our travel.

I confirm that I will amend the Risk Assessment and inform my UK Lead person should the level of risk of personal injury or harm to myself, our local hosts, or any member of the team, change in any way.

I confirm that I, and each team member, am/is responsible for our own safety and security at all times (including any activity/ies we choose to participate in).

I confirm that this Risk Assessment has been shared with each team member to advise them of potential risks associated with this mission trip.

Signature	
Date of completion of Risk Assessment:	

Relational Apostle Comments:
UK Trustee/UK Link Comments:

Approved for Travel:

Relational Apostle	UK Link
Date:	Date:
Signature	Signature

FORM 14 - ONLINE ACCEPTABLE USE AGREEMENT

Acceptable Use Policy (This can be included with consent/registration forms for children and young people with a request for acknowledgement by both parent and child)

- Where access to the internet is provided on our organisation devices or devices owned by an individual via WiFi, we will exercise our right to monitor usage which includes access to websites, interception and deletion of inappropriate or criminal material or unlawfully copied text, video, images or sound.
- WiFi Access will be via a secure password that will be changed quarterly.
- Social media groups must be used in compliance with **Word of Faith Centre** policy on social media.

Children and Workers should not:

- Search for or download pornographic, racist or hate motivated content.
- Illegally copy or play copyrighted content where permission has not been given.
- Send, request or display offensive messages or pictures.
- Harass, insult or bully others.
- Access the internet using another person's login details.
- Access, download, send or receive any data (including images), which **Word of Faith Centre** considers offensive in any way, including sexually explicit, discriminatory, defamatory or libellous material.

Sanctions for violating the acceptable use policy in the opinion of **Word of faith Centre** may result in:

- A temporary or permanent ban on internet use.
- Additional disciplinary action in line with existing practice on inappropriate language or behaviour.
- Where applicable, police or local authorities may be involved.

Parent Carer Agreement

As the parent/guardian of _____ I declare that I have read and understood the Online Safety acceptable use policy for **Word of Faith Centre** and that my child will be held accountable for their own actions. I understand that it is my responsibility to set standards for my child when selecting, sharing and exploring online information and media.

Child/YP Agreement

I understand the importance of safety online and the church guidelines on acceptable use.

I will share any concerns, where I or another person may be at risk of harm with the safeguarding coordinator or a trusted adult.

Child Name (Please print)	Child Signature	Date
Parent/Guardian (Please print)	Parent/Guardian Signature	Date

