

ROLES CHECKLIST

Below is a checklist to decide whether to vet a particular role in your parish/diocesan group. If in doubt contact Pat Carville 07789917741 or your parish/deanery representative for confirmation. Any individual (clergy or lay person, paid or unpaid) who is applying for a role that falls under a regulated activity and is frequent or intensive MUST complete the recruitment process before taking up post.

REGULATED ACTIVITY

Does the activity involve contact with children/ young?

AND

Does the activity require them to do one of the following?

Teach	Supervise	Offering Therapy
Train	Advise	Transport
Instruct	Guide	Moderate a chat room
Care	Treat	

YES

NO

Frequency or Intensity

Will the person be in contact with children/ young people:

Once per week or more

OR

4 or more days in the month

OR

Between the hours of 2am – 6am

YES

NO

PROCEDURES FOR RECRUITMENT AND SELECTION

Volunteers and the tradition of volunteering are well known in the Catholic Church. The parishes to which we belong would not be the thriving communities they are today without parishioners getting involved in parish activities.

There are many volunteers in the parishes of our Diocese – parishioners who enthusiastically give of their time, talents and experience. Volunteering is a practical way to show that we care and that we want to be involved in the development of the Parish/Diocesan community.

For these reasons it is essential that parishes and diocesan groups give careful consideration to recruitment and selection procedures that will promote volunteering and ensure the safety and well-being of children, young people and vulnerable adults.

Some may view thorough selection procedures as an unnecessary burden, particularly if the person is part-time, a volunteer, and already known to the parish community. However, the more routine the procedure becomes, the less intimidating it will be to genuine and well motivated applicants. By having good standards of practice in our organisations people are more likely to want to join.

Additionally, under the Safeguarding Vulnerable Adults Groups (N.I) Order 2007, there is a legal requirement to vet anyone who is in a 'regulated' activity in their role with children, young people and vulnerable adults.

The following steps are necessary to ensure good practice:

Defining the Role - this involves thinking through exactly what you consider the role of a new volunteer to be, and what skills will be required for them to perform effectively.

Application Form - this should be supplied together with appropriate information of what is expected of the volunteer i.e. clear job/role description and a Code of Conduct.

Interview - the group leader and/or the Priest/ Parish Advisory Group member should meet the person. This is also the opportunity to explain the Child Safeguarding Policy and ensure that the person has the ability and commitment required to put the policy into practice.

References - two references should be obtained from people who are not family members or the Parish Priest. References must be taken up in writing and maybe followed up orally if further clarification is necessary.

Declaration - all volunteers will be asked to declare any past criminal convictions, and cases pending against them, or any investigation of a complaint

that is unresolved. This information is held confidentially by the Diocesan Registered Person.

Identification - the volunteer will complete the 'Catholic Church Identity Verification Form', providing the appropriate original identity documents as required for the Access N.I. check. The Parish Representative must confirm the identity of the applicant.

Access N.I. - the volunteer will complete the 'Access N.I. Form' to enable the Registered Person to obtain the background criminal record.

Agreement - the volunteer should agree in writing to adhere to the Diocesan Child Safeguarding Policy and Procedures and to attend an information session raising awareness of Child Safeguarding issues. This will provide individuals with knowledge and skills and so increase their confidence to perform their role.

The Diocese of Dromore is committed to best practice in child safeguarding. An important aspect of ensuring children's safety and well-being is the prevention of child abuse. The role of training and raising awareness of child safeguarding issues, policies and procedures is fundamental to the development and maintenance of a safe environment.

RECRUITMENT CHECKLIST

ROLE/POST

TASK

Identify the contact the person will have with children

Define the role

Create a job description

Consider selection criteria

Application form and/or CV requested

References sought

Interview/ conversation

Declaration form

Vetting

Freedom to appoint

Agreement

Code of conduct

Awareness /Induction

Signed: _____

Date: _____

Fronting Sheet for Volunteer Application Form: Attached AFTER the volunteer has completed the form.

CHECK LIST FOR DIOCESAN ADMIN IN RELATION TO RECRUITMENT AND SELECTION OF VOLUNTEERS AND PAID STAFF

Name of Applicant: <hr/> Volunteering Post: <hr/>	Date of Birth: _____ Parish: _____
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REFERENCES

Name of Referee 1: _____ Name of Referee 2: _____	Date Requested: _____ Date Returned: _____ Date Requested: _____ Date Returned: _____
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VETTING PROCEDURE

Catholic Church Northern Dioceses Identity Verification Form	Date Completed: _____	By Whom: _____
	Date Forwarded to the Northern Dioceses Catholic Church Office: _____	By Whom: _____
	Date Completed: _____	By Whom: _____
Access N.I. Form	Date Forwarded to the Northern Dioceses Catholic Church Office: _____	By Whom: _____
Confidential Declaration Form	Date form was given to applicant: _____	

Date of letter for Appointment from the Northern Dioceses Catholic Church Office: _____

Letter of Appointment **Date:** _____
Agreement Form **Date:** _____

Application Form for New Parish Volunteers

PARISH: _____ ROLE APPLIED FOR: _____

SURNAME: _____ FIRST NAME: _____

ADDRESS: _____

_____ POST CODE: _____

TEL. NO/MOBILE: _____ D.O.B. ____/____/____

If you have you previously been involved in voluntary work / working with children please give details:

Please give details of any qualifications or training you have undertaken that you think may be relevant to this post:

Please detail any medical conditions you have that we need to be aware of, which may affect you carrying out some of the requirements of the post:

Please provide the names and addresses of two people (These should not relatives, your parish priest or the Diocesan Parish Representative), who have known you well and would be able to comment on your suitability for this post.

Referee 1:

Name: _____

Address: _____

Tel No: _____

Relationship: _____

Referee 2:

Name: _____

Address: _____

Tel No: _____

Relationship: _____

DECLARATION:

I confirm that the information I have given on this form is correct and complete, and I agree that you may contact the people whose names I have given as referees. In accordance with the Data Protection Act 1998

I give my consent for the information contained in this form to be processed and stored in accordance with policy for the purposes of recruitment and employment.

Signed: _____

Date: ____/____/____

VOLUNTEER REFERENCE FORM

Name of Parish: _____

The applicant _____ has expressed an interest in working as a volunteer for or as a member of _____ and has given your name as a referee.

The Parish is committed to safeguarding and protecting the welfare of children and therefore would appreciate you giving an honest evaluation of the applicant's suitability.

Thank you for taking time to complete the information below.

Signed: _____
Dromore Diocesan Safeguarding Co-ordinator

Please complete the following and return in envelope provided to the parish office:

Are you satisfied that _____ is suitable to work with children or as a committee member? Yes ☐ No ☐

If you have answered **No** we will contact you in confidence.

How long have you known the applicant? _____

In what capacity? Friend ☐
Employee ☐
Other (please state) _____

Please comment on the applicant's maturity, honesty, reliability, attitude towards children, commitment, energy, and responsibility.

Signed: _____ Date: _____

Print Name: _____

Designation / Work: _____

Telephone: _____

CONFIDENTIAL DECLARATION FORM

We are very aware of the potentially sensitive and confidential nature of the information contained in this document, and wish to assure you that it will be treated in the utmost confidence, and handled strictly according to our Policy on Secure Storage, Handling, Retention and Disposal of Disclosures Information.

It will be seen **only by** the Diocesan Registered Person who applies for the Access N.I. Disclosure.

You have applied for a role which is a Regulated Activity as defined by the Safeguarding Vulnerable Groups (N.I.) Order 2007 and also falls within the definition of an “excepted” position as provided by the Rehabilitation of Offenders (Exceptions) Order (N.I.) 1979, therefore ALL convictions including SPENT convictions MUST be disclosed.

Having a criminal record will not necessarily bar you from working within the Catholic community. This will depend on the nature of the position and the circumstances and background of your offences. This information will be verified through an Access N.I. Disclosure.

Please complete below:

1. Surname: _____
(Block Capitals)
2. All Forenames: _____
(Block Capitals)
3. Date of Birth ____/____/____
4. Male/Female: _____
5. Place of Birth (Town/County and Country) _____
6. Present Address _____

Post Code: _____

Ensure that you put this form into a sealed envelope and forward to:

**The Registered Person
Catholic Church Northern Dioceses Office,
Good Shepherd Centre,
511 Ormeau Road,
Belfast BT7 3GS**

The purpose of the following questions is solely to assess whether you pose a risk to children or vulnerable adults. If, for any reason, you answer Yes to this question, it will not automatically rule you out of the selection process. You will have the opportunity of fully discussing the circumstances with us at a face to face meeting in a confidential manner.

7. Have you ever been convicted or received an official caution for a criminal offence?

If Yes, please give details:

Date of Conviction	Offence	Sentence

8. Have you ever been or are you the subject of a criminal investigation involving sexual offences or child abuse other than as the victim?

9. Are you the subject of any possible pending prosecution?

If Yes, please give details:

Declaration

I am committed to protecting and safeguarding children, young people and vulnerable adults from abuse. I understand that to knowingly give false information or to omit information will be considered as a breach of trust. I declare that the information I have given on this form is correct.

It has been explained to me that this form will not be kept on record and will be destroyed when the recruitment process is completed.

Position applied for _____

PARISH _____ DIOCESE: _____

Signed: _____

Date: _____

CATHOLIC CHURCH NORTHERN DIOCESES IDENTITY VERIFICATION FORM

PLEASE DO NOT STAPLE, STAMP OR FOLD THE ACCESSNI APPLICATION FORM (To assist scanning of form by AccessNI)

NOTES FOR VOLUNTEERS

- Complete **part 1** of this form.
- You must complete parts B, D, E, F and G of the ACCESS NI Form in **black ink and BLOCK CAPITALS**.
- Make arrangements with a Parish Representative to check your photographic ID from Group 1 and also your two chosen documents from Group 2 **as set out in the ACCESS NI Guidance**.

NOTES FOR PARISH REPRESENTATIVES

- Complete **part 2** of this form to confirm that you have verified the identity of the applicant having checked the valid identification documents as listed in part two of the application form. Please detail type of document and related reference number for driving licence identification.
- You should return the identification documents to the applicant once you have completed part 2 below.
- Further guidance is available from the Catholic Church Northern Dioceses Office: 028 90 492783 / cponorthervetting@gmail.com

PART 1 – Details of Applicant

Full Name: _____ **D.O.B:** ____/____/____
(Block Capitals)

Address: _____ **Post Code:** _____
(Block Capitals)

Contact Tel: _____ **Male:** ☐ **Female:** ☐

Diocese: _____ **Parish/Organisation:** _____
(Block Capitals) (Block Capitals)

Role: _____ **Will you be working with: Children (under18)** ☐
(Please tick as appropriate)

Vulnerable Adults ☐

Are you in a: Paid Role: ☐ **or a Volunteer:** ☐

PART 2 – Declaration

I attach an Access NI Form for the above named person and I confirm that I have verified the applicant's identity by checking the photographic identity (i) from group 1 and 2 valid identification documents (ii) and (iii) from group 2: or five documents from group 2 as listed below:

(i) _____ (Driving Licence Ref No. _____)

(ii) _____ (iv) _____

(iii) _____ (v) _____

Signed: _____ **Date:** _____
(C.C. I.D Verifier)

PLEASE RETURN COMPLETED FORMS TO

The Registered Person Catholic Church Northern Dioceses Office, Good Shepherd Centre,
511 Ormeau Road, Belfast BT7 3GS



Valid Identity Documents

Three documents must be produced; one from Group 1 and two from Group 2. If this is not possible, then five documents from Group 2 must be produced– these must be in the name of the applicant. It is preferred that at least one of these documents contains photographic identification.

For Standard and Enhanced applications a Registered Body (RB) has full responsibility for ensuring the applicant is who they claim to be.

Group 1

- Valid passport (any nationality)
- UK Driving Licence Full or Provisional – England/Wales/Scotland/Northern Ireland/Isle of Man; either photocard or paper (a photocard is only valid if accompanied with the paper counterpart)
- Original UK birth certificate (issued within 12 months of date of birth, full or short form acceptable)
- Valid photo identity card (EU countries only)
- UK Firearms licence
- HM Forces ID card (UK)
- Adoption Certificate (UK)

Group 2

- Marriage certificate/Civil Partnership Certificate
- Non-original UK birth certificate (issued after 12 months of date of birth, full or short form acceptable)
- P45/P60 statement
- Utility bill (electricity, gas, water, telephone – including mobile phone contract/bill)
- Valid TV licence
- Credit card statement
- Store card statement
- Mortgage statement
- Valid insurance certificate
- Certificate of British nationality
- British work permit/visa**
- Asylum Registration Card
- AccessNI Disclosure Certificate
- Personal correspondence or a document from a Government Department*
- Bank or Building Society Document**
- Financial statement e.g. pension, endowment, ISA **
- Valid vehicle registration document
- Mail order catalogue statement*
- Court summons
- Valid NHS card
- Court Claim Form
- Addressed payslip*
- National insurance number card
- Examination certificate (e.g. GCSE, NVQ)
- Letter from a Head Teacher*
- Child benefit book Smart pass

*documentation must be less than 3 months old

** must be issued within the last 12 months



Application form:

About this form

This form can be used to apply for an AccessNI Standard or Enhanced disclosure and Enhanced disclosure with Barred List Check.

Please complete this application form in CAPITAL letters and use black ink. Applicants must complete Parts B, D, E, F and G and return the form to whoever sent it to them for completion of Parts A, H, I and J.

If you require help completing this form you can visit our website on www.nidirect.gov.uk/accessni where you will find step-by-step instructions in our Guidance. Alternatively you can call our helpline on 0300 200 7888 or speak to the person who asked you to complete the form.

Completed forms should be posted to: **AccessNI**
PO Box 1085
Belfast
BT5 9BD



Failure to complete the form correctly may result in a delay or the form being returned unprocessed.

PLEASE WRITE CLEARLY IN THE BOXES PROVIDED (Continuation sheets are available from www.nidirect.gov.uk/accessni).

[illegible]

PART A Service required - to be completed by (prospective) employer

A1 Standard (£26) ☐ Enhanced (£30) ☐ Enhanced with Barred List Check (£30) ☐ (Cross 1 box only)

A2 Registered Body Name

A3 Registered Body No.

A4 Counter Signatory No.

For AccessNI use only

MF1	MF2	Sc1	Sc2

PART B Applicant's details

B1 Title Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐
 If 'Other' please give details

B2 Surname

B3 Forename(s)

B4 Name usually known by

B5 Surname at birth (if different)
 used until

B6 Any other surname(s) used? No ☐ Yes ☐ If 'Yes', please complete F1, if 'No' go to B7

B7 Any other forename(s) used? No ☐ Yes ☐ If 'Yes', please complete F5, if 'No' go to B8

B8 Gender Male ☐ Female ☐

B9 Date of birth

B10 Place of birth - Town
 Country

B11 National insurance number

B12 Driving licence number

B13 Do you hold a valid passport? No ☐ If No, go to B17. Yes ☐ If Yes, complete B14, B15 and B16.

B14 Passport number

B15 Nationality

B16 Country of issue

B17 Do you have an ISA registration number? No ☒ If No, go to B19. Yes ☒ If Yes, complete B18.

B18 ISA registration number

B19 Do you have a Scottish Vetting & Barring number? No ☒ If No, go to B21. Yes ☒ If Yes, complete B20.

B20 Scottish Vetting & Barring number

B21 Preferred contact number

For AccessNI use only

PART D Applicant's current and delivery address

Please give details of your current address. This is the address to which all correspondence will normally be sent.

D1	Current address	<input type="text"/>
		<input type="text"/>
D2	Town / City	<input type="text"/>
D3	County	<input type="text"/>
D4	Country	<input type="text"/>
D5	Postcode	<input type="text"/>
D6	Lived at this address since	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Please give details of a preferred Delivery Address for the Applicant's Correspondence (if different from above).

D7	Delivery address	<input type="text"/>
		<input type="text"/>
D8	Town / City	<input type="text"/>
D9	County	<input type="text"/>
D10	Country	<input type="text"/>
D11	Postcode	<input type="text"/>

PART E Address history

If you have lived at the address at D1-D5 for less than 5 years please provide details of all your previous address(es), including student accommodation, and dates of residence for the last 5 years. There must be no gaps in the dates; overlapping dates are acceptable. Please start with the most recent address and work backwards. If necessary, please use the approved Address Continuation Sheet – this is downloadable at www.nidirect.gov.uk/accessni.

E1	Address	<input type="text"/>
		<input type="text"/>
E2	Town / City	<input type="text"/>
E3	County	<input type="text"/>
E4	Country	<input type="text"/>
E5	Postcode	<input type="text"/>
E6	Lived at this address from	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> to <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
E7	Address	<input type="text"/>
		<input type="text"/>
E8	Town / City	<input type="text"/>
E9	County	<input type="text"/>
E10	Country	<input type="text"/>
E11	Postcode	<input type="text"/>
E12	Lived at this address from	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> to <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

PART F Names history

This Section should only be completed if you have answered Yes to questions B6 or B7. You must provide details of your previous name(s), along with dates these names were used. There must be no gaps in the dates; overlapping dates are acceptable. Please use an additional page if necessary, clearly writing your current name at the top of the page.

F1	Previous surname	<input type="text"/>
F2	date used from	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> to <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
F3	Previous surname	<input type="text"/>
F4	date used from	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> to <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
F5	Previous forename	<input type="text"/>
F6	date used from	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> to <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
F7	Previous forename	<input type="text"/>
F8	date used from	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> to <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Once you have completed Part F, please return to B8 to continue with this Form.

PART G Declaration by Applicant

I understand the following:

- AccessNI may use the information I have supplied on this form to verify my identity and to check this application.
- AccessNI may use the information I have supplied on this form for the purposes of the prevention or detection of crime in accordance with section 29 of the Data Protection Act 1998.
- AccessNI may pass the information I have supplied on this form, and any other information I have supplied in support of this application to other Government organisations and law enforcement agencies in accordance with section 29 of the Data Protection Act 1998.
- By signing the applicant declaration box I confirm that the information that I have provided in support of this application is complete and true. I will supply AccessNI with any additional information required to verify the information provided in this application. I understand that knowingly to make a false statement in this application is a criminal offence.

G1 Do you have any convictions? No ☐ Yes ☐

G2 Signature of applicant (please sign in box)

G3 Date of signature

G4 Name (in CAPITALS)

You must now return this form to the person who asked you to complete it

PART H Registered Body information

H1 Is the applicant applying for an AccessNI disclosure? No ☐ If No, go to H7. Yes ☒ If Yes, continue from H2.

H2 Position applied for

[illegible]

H4 Will the work be carried out at the home of the applicant? No ☐ Yes ☐

H5 Is the disclosure required for the purposes of asking an exempted question? No ☐ Yes ☐

H6 Is the disclosure required for a prescribed purpose? No ☐ Yes ☐

H7 Does this position require a check of the Children's Barred List? (Regulated Activity) No ☐ Yes ☐

H8 Does this position require a check of the Vulnerable Adults' Barred List? (Regulated Activity) No ☐ Yes ☐

H9 Have you established the true identity of the applicant by examining a range of documents as set out in AccessNI Guidance, and verified the information provided in Parts B, D, E & F? No ☐ Yes ☐

H10 Application type: New post holder ☐ Existing post holder ☐ Re-check of existing post holder ☐

H11 Your reference Number

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 (Do not use Counter Signatory number)

PART I Payment

11	Method of Payment	Account	No Payment (Volunteer)
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PART J Declaration by Countersignatory

I confirm that the requisite documentation and information has been supplied and checked in accordance with AccessNI Guidance. I declare that the information I have provided in support of the application is complete and true and understand that knowingly to make false statement for this purpose may be a criminal offence.

J1 Signature of registered person (*please sign in box*)

J2 Date of signature

		/		/			
--	--	---	--	---	--	--	--

J3 Name in CAPITALS

Data Protection

Information on this form will be treated in confidence.

AccessNI is registered with the Information Commissioner. Data supplied by you on this form will be processed in accordance with the provisions of the Data Protection Act 1998.

Date: -----

Parish of: _____

Letter of Appointment

for

(Name of person and Volunteering Role)

Dear

I am writing to confirm that you are now in the position to take up your volunteering position; and to thank you for your patience and co-operation.

The Code of Conduct for volunteers has been given to you. If you have any further questions or wish to discuss a situation arising from your voluntary role, please contact your Group Leader, Parish Priest or Parish Representative. If you wish to meet with me at any time, please do not hesitate to get in touch.

May I take this opportunity to welcome and thank you for your commitment to the Parish.

Signed: _____
(Parish Priest)

Date: _____

AGREEMENT

Diocese of Dromore

Parish of _____

Further to the appointment for the role of

I have agreed to attend a Parish Information Session on child protection and have received a Code of Conduct, and agree to read and adhere to the guidelines presented in it or as directed by my local Parish Advisory Group.

I understand and accept that it is my duty to safeguard the welfare of the children and young people.

Signed: _____

(Print Name): _____

Date: _____

Please sign this Agreement and return to your local Parish Office or Parish Representative.

DIOCESE OF DROMORE CODE OF CONDUCT FOR STAFF AND VOLUNTEERS

Child Safeguarding is regarded as central to the wellbeing of children and young people as they play their part in the life of the Catholic Church, within which 'Best Practice' promotes an ethos and provides a set of practical policies and procedures to support their development in ways which will promote their security, confidence and independence.

It is necessary that the following Code of Conduct be applied as a minimum standard in order to support the Diocesan Policy and Procedures in the area of the protection of children and young people.

All church personnel will:

- treat children and each other with courtesy, dignity and respect.
- take care to treat each young person with equal respect, favouritism is not acceptable.
- always engage with children in an open manner.
- use age-appropriate language, media materials and activities and never any sexually explicit or pornographic material.
- develop appropriate guidelines in relation to the use of computers, videos, the Internet, cameras and camera phones.
- ensure an appropriate and adequate ratio of adults to children and young people.
- maintain adequate, gender-appropriate, supervision for males and females.
- respect the physical integrity of the young people at all times.
- respect their right to privacy at all times.
- always act with particular care regarding privacy in locations such as toilets, changing areas etc.
- seek permission from parents / guardians for the taking / use of photographs, the generating of computer images and the making / showing of video recordings of events.

- only contact individuals via their parents / guardians.
- never use physical punishment under any circumstances.
- never verbally abuse any individual.
- not spend a disproportionate amount of time with any particular individual or group of individuals.
- not engage in, or tolerate any behaviour – verbal, psychological or physical – that could be construed as bullying or abusive.
- not give alcohol, tobacco, drugs or other illegal substances to individuals under any circumstances.
- not consume alcohol or tobacco while having responsibility for, or in the presence of, those in their care.
- not use drugs or other illegal substances under any circumstances.
- not perform tasks of a personal nature for individuals while they are in changing areas (e.g. in the locker room).
- not engage in inappropriate physical contact of any kind – including tough physical play, physical reprimand and horseplay (tickling, wrestling)
- not give their personal details to individuals and only the named leader will hold personal details of individuals.
- avoid inappropriate language and/or sexually suggestive comments, including telling jokes of a sexual nature, either towards children or themselves.
- avoid being alone with a child e.g. in relation to travel, meetings, home visits, remaining in Churches or parish property, where two adults should be present.

SAFEGUARDING CHILDREN

• Useful Numbers •

Mrs. Pat Carville
(Designated Liaison Person for Dromore Diocese)
07789917741

NSPCC Helpline
0808 800 5000

N.I. Childline
0800 1111

PSNI
0845 600 8000

Southern Health & Social Care Trust
Access Service 0800 783 7745

South Eastern Health & Social Care Trust
Access Service 0300 1000 300 – 9am-5pm
028 9056 5444 after 5pm weekends/Bank Hol

Altar Servers Consent Form

PARENTAL CONSENT FORM FOR ALTAR SERVERS

All information will be treated in confidence

Parish of: _____

I hereby give my consent to allow my son/daughter _____
to participate as an altar server in the Parish. I have read and understood the Code
of Conduct.

Signed _____ (parent/guardian)

Name _____ (please print) Date _____

Tel number: _____ Mobile number: _____

Does your child suffer from any medical condition, disability or allergy? Yes / No

If yes please give details _____

My son/daughter has read and understood the Code of Conduct

Parental Consent Form for Child involved in Parish Activity

1. Name of Church Organisation: _____

Venue/Activity/Event: _____ Date/Time: _____

Name of Group Leader/ person responsible: _____

2. Name of Child/ young person: _____ **DOB:** _____

Address: _____

Please give details of any medical conditions, medication taken or dietary requirements. *(This information will be treated with confidence).*

3. I have read all the information provided. I am happy that my child participates in this activity.

Name _____ (please print) Date _____

Address: _____

Tel number: _____ Mobile number: _____

Signed: _____ Date: _____

Pope John Paul II Award

Parental/Guardian Consent Form

I agree to my son/daughter completing the Pope John Paul Award in the parish of _____. I understand completing this award will require my son/daughter to:

- Attend meetings with the Parish Youth Ministers _____ in the Parish Meeting Room throughout the completion of the award
 - Complete agreed parish duties
 - Undertake safeguarding awareness training as required
 - Complete voluntary work in the community
 - Being contacted at home throughout the completion of the award by the Parish Youth Ministers by telephone and e-mail
 - Have photographs used in publicity material for the award
-
- I will take responsibility for my daughter/son's safety i.e. liaising with community group, be familiar with the nature of their work and to whom they will be responsible; plus address any other issues of concern.
 - I will take responsibility for the transport arrangement of my child to and from all activities undertaken as part of the Award.

My son/daughters contact details

Name: _____

Home telephone no: _____

E-mail address: _____

Signed: Parent/Guardian name: Signature:

Date: _____

CONSENT TO DISPLAY OF PHOTOGRAPHS IN CHURCH/CHURCH BUILDINGS

PARISH _____

I hereby give my consent to allowing a photograph

of _____ (name of child /young person) to be

displayed in _____ (location)

for the period of _____ after which it will be destroyed/be

returned to me (delete as appropriate)

Signed _____ (parent's signature)

Name _____ (please print) Date _____

Media Permission Form

PARISH _____

I _____

hereby give permission for images to be taken of my child and to be used if required (please tick):

- In newspapers, magazines and other official parish publications
- On the parish website (first name/photographs)
- On the parish twitter feed/facebook (group name/photographs)

Signed _____ (parent/guardian)

Name _____ (please print) Date _____

Diocese of Dromore Accident/Incident Reporting Form

1. Name of Church organisation

Venue/Activity/Group/Event

Date/Time

Date(s) of Birth

Names of others present

2. Location of Accident /Incident

Name of Child/Young Persons involved

Contact details of parents/guardians

Tel No.

Name of Group Leader/Person In Charge

Details of Accident/Incident

Nature of Accident/Incident

3. Action taken both during and following Accident/Incident

4. People contacted, Date/ Time

5. Other relevant information

6. Signed _____

7.Dated _____

Any Follow-up Action required?

Signed and Dated _____

Diocese of Dromore General Complaints Form

All complaints arising during a church related activity (with the exception of complaints about child safeguarding issues) should try to be resolved by discussion by the parties involved. If this is not possible, the complainant should complete the details below and submit it to the person in charge or the parish priest.

Name

Contact Details (including address, phone number and email address)

Details of Complaint

Signed: _____

Dated: _____

Action to be taken, by whom

Date: _____

ACTIVE FROM:

INACTIVE FROM:

Diocese of Dromore Organisation / Club Audit Checklist For Parish Organisations

As a Church who provides the use of facilities and services to individuals and groups who work with children and young people (service users), it is our responsibility to ensure that all reasonable steps are taken to safeguard children and young people using our facilities and services.

The Diocese of Dromore has clear policy and procedures in relation to child safeguarding; any group/organisation operating under the name/auspice of the Diocese must comply with the Diocesan requirements.

However we welcome other organisations/groups/individuals within the community to use our facilities; we require detailed information in respect of your application to ensure that the safety and well-being of the service users are maintained.

We would ask that you complete the following questionnaire in capital letters, using ink pen and tick response as appropriate. If any response is not applicable (N/A), please provide details of why this does not apply to your organisation. Please indicate when additional information is provided in support of your application.

SECTION A: OVERVIEW

Definition – The term ‘child’ refers to those under the age of 18 as defined by the Children (NI) Order 1995.

Name of Group / Organisation:	_____	Numbers:	_____
		Children&	_____
		young people	_____
		Adults	_____
Purpose or proposed activities:	_____	Additional resources required e.g. ICT:	_____
Date of commencement of use of facilities:	_____	Date of completion of use:	_____
Frequency of use of facilities:	_____	Hours of use (from – to):	_____

SECTION B: LEADERS, VOLUNTEERS, PARTICIPANTS AND RATIOS

Leaders Details

Please outline below the name of the main person responsible for this group and secondary person.

Primary Person in charge

Name

Address

Postcode

Contact Telephone Number

Secondary Person in charge

Name

Address

Postcode

Contact Telephone Number

Volunteers

Do you have any other volunteers apart from the two above? If yes please provide a list of names and role they play in the group

List of names received

☐

Yes

Date Received:

☐

No

Will be Received by:

List of participants

Total Number of participant's

Ratios

Are all activities appropriately supervised according to the following ratios:

Children under 8 years

- 0 to 2 years = one adult supervisor for every 3 children
- 2 to 3 years = one adult supervisor for every 4 children
- 3 to 7 years = one adult supervisor for every 8 children (6 children for outdoor activity, 4 for pilgrimages / residential)

8 years and over

- Two adult supervisors for every 20 children (15 children for outdoor activity).
- There should be one additional adult supervisor for every extra 10 children.
- For residential and pilgrimages this ratio is to be decreased to one adult for every 5 children. This is to allow for adequate free time for all leaders.

☐

Yes

☐

No

Actions required : _____

SECTION C: DOCUMENTATION

1. Do you have a policy statement on the safeguarding of children and young people?

☐

Yes

☐

No

☐

N/A (Reason: _____)

Copy of policy statement received

☐

Yes

Date Received: _____

☐

No

Will be Received by: _____

2. Do you have an anti- bullying policy?

☐

Yes

☐

No

☐

N/A(Reason:_____)

Copy of anti bullying policy received

☐

Yes

Date Received: _____

☐

No

Will be Received by: _____

3. Are the children and young people aware of the policy?

☐

Yes

How did you make them aware _____

☐ **No** **Actions required :** _____

4. Do you have written standards of good practice, codes of conduct, for staff/volunteers?

☐ Yes ☐ No ☐ N/A (Reason: _____)

If not, do you accept the standards outlined in the Dromore Diocesan Child Safeguarding Policy and Procedures and agree to forward copies to your volunteers / staff and the parish office to ensure they are aware of the standards set by the diocese?

☐ Yes ☐ No

Copy of codes of conduct sent

☐ **Yes** **Date sent :** _____

☐ **No** **Will be sent by:** _____

Copy of codes of conduct received by member of parish safeguarding group:

☐ **Yes** **Date Received:** _____

☐ **No** **Will be Received by:** _____

5. Do you have appropriate recruitment procedures that include:

(i) completing an information / application form? (ii) obtaining references? (iii) criminal record check on those in a regulated activity?

☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No

Copy of recruitment procedure received:

☐ **Yes** **Date Received:** _____

☐ **No** **Will be Received by:** _____

6. Has everyone involved in working with children and young people attended a Safeguarding awareness information session and when?

☐ Yes ☐ No ☐ N/A (Reason: _____)

Details of dates and names received:

☐ Yes Date Received: _____

☐ No Will be Received by: _____

7. Do you have appropriate insurance cover for the activity?

☐ Yes ☐ No ☐ N/A (Reason: _____)

Details of insurance policy received:

☐ Yes Date Received: _____

☐ No Will be Received by: _____

SECTION D: DECLARATION

We declare that to the best of our knowledge the answers given above are true and complete.

We understand the Diocese commitment to ensuring the safeguarding of children and young people using their facilities and will ensure that we in

_____ will work to these standards of good practice.

To be signed by officials / co-ordinators of the organisation / group.

Signed: _____

Signed: _____

Print Name: _____

Print Name: _____

Position: _____

Position: _____



SECTION E: FOLLOW UP AND REVIEW

Members of the parish Advisory Committee on safeguarding only

Please use the following list to ensure that all documents have been received:

- List of volunteers associated with the group
- Copy of child protection policy
- Copy of anti bullying policy
- Copy of code of conduct
- Copy of recruitment procedures
- List of volunteers who have attended safeguarding training with dates
- Copy of insurance policy

Please use the table below to outline any actions associated with this meeting and follow up dates

Action	Responsible	Follow up date	Complete

Enter a date that this group will be reviewed

Please return this completed form including all documents to the parish office where it will be stored confidentially.

Parish Audit Form

NAME OF PARISH: _____

PARISH ACTIVITY / GROUP	GROUP LEADER	AREA OF MINISTRY	FREQUENCY OF GROUP ACTIVITY	VOLUNTEERS		
				NAME OF VOLUNTEER	DATE ATTENDED PARISH INFORMATION SESSION	VOLUNTEER VETTED DATE

PLEASE RETAIN IN PARISH FOR INFORMATION PURPOSES ONLY

DROMORE SELF-AUDIT TOOL

Name of parish: _____

Person completing audit: _____

Date: _____

STANDARD 1 – WRITTEN

Please delete as appropriate

Is there a Safeguarding policy in place? ☐ Yes ☐ No

STANDARD 2 – PROCEDURES FOR RESPONDING

Parish Safeguarding Representatives in place. ☐ Yes ☐ No

Staff/volunteers have been made aware of procedures for reporting allegations or disclosures of abuse ☐ Yes ☐ No

Staff/volunteers have signed their agreement to observe these procedures ☐ Yes ☐ No

Have any reports/concerns/complaints been reported to the Safeguarding Representative? ☐ Yes ☐ No

Are the contact details for the Church Designated Liaison Person, Social Services and PSNI? displayed in all appropriate places? ☐ Yes ☐ No

STANDARD 3 – PREVENTING HARM

Are safe recruitment and vetting procedures in place including use of the following?

• Application forms ☐ Yes ☐ No

• Declaration Form ☐ Yes ☐ No

• References ☐ Yes ☐ No

• Vetting ☐ Yes ☐ No

Is there a sign in/out book in the sacristy? ☐ Yes ☐ No

Is there a code of behaviour in place for

(a) Adults? ☐ Yes ☐ No

(b) Children? ☐ Yes ☐ No

Has this been signed up to by

(a) All staff/volunteers? ☐ Yes ☐ No

(b) All children? ☐ Yes ☐ No

Does each Parish Group involving children have an appropriate number of volunteers to supervise activities? ☐ Yes ☐ No

Are all facilities in use compliant with health and safety standards? ☐ Yes ☐ No

Are all forms in place (e.g. recruitment, consent, incident)? ☐ Yes ☐ No

Are all records/forms securely stored? ☐ Yes ☐ No

Is there guidance on the use of photography and internet use? ☐ Yes ☐ No

Have any issues arisen regarding: inappropriate behaviour, photographs, internet use, and trips?

Do all non-Parish Groups using Parish facilities have ☐ Yes ☐ No

(a) Safeguarding policies and ☐ Yes ☐ No

(b) Insurance? ☐ Yes ☐ No

Have visiting clergy provided evidence that they are in good standing? ☐ Yes ☐ No

STANDARD 4 – TRAINING

Have

(a) Parish Safeguarding Representatives and ☐ Yes ☐ No

(b) Priests completed approved training? ☐ Yes ☐ No

Have information sessions on safeguarding policy and procedures been attended by relevant staff and volunteers? ☐ Yes ☐ No

Have participants and parents been made aware of Parish policies relating to child safeguarding, good behaviour and complaints procedure? ☐ Yes ☐ No

Was training given to altar servers during this year? ☐ Yes ☐ No

STANDARD 5 - COMMUNICATION

Is the child protection policy displayed and copies avail

Yes

No

Is there information available for children on who to speak to if they have a concern?

Yes

No

Does the policy document contain contact details for local child protection services?

Yes

No

STANDARD 6 – ACCESS TO ADVICE AND SUPPORT

Is the name and contact details for the Designated Liaison Person publicised?

Yes

No

Does the policy document contain advice on responding to, and supporting, a child who discloses, or is suspected of being abused?

Yes

No

STANDARD 7 – IMPLEMENTATION AND MONITORING

Is there provision for storage of documentation relating to all aspects of the safeguarding procedures?

Yes

No

Are all forms and other records held securely?

Yes

No

Do the Parish Safeguarding Representatives provide support to volunteers and monitor compliance with procedures?

Yes

No

Please list all Youth Ministry in the Parish in the space below.

Signed:

(Parish Priest)

Date:

This document has been adapted from Form 11 of the National Board's training manual 2011.

Role Description - Eucharistic Minister to the Housebound

Job Title:	Parish Eucharistic Minister to the Housebound
Responsible to:	Parish Priest
Job Purpose:	To bring the Eucharist into the residences of housebound people

Main Responsibilities

To:

- Bring the Eucharist from the parish church to people in the community who are housebound, due to health, age or disability.
- Follow the instructions given by the Diocese for the reverend conveying of the Eucharist and to follow the appropriate format for the administration of the Eucharist.
- Respect the boundaries and regulations of the organisations when visiting hospitals or residential homes, particularly by notifying someone in a supervisory position.
- Be respectful of the homes of people in the community.
- Be willing to administer the Eucharist prayerfully.
- Be aware of the difficulties for some people swallowing the Eucharist and therefore accommodate the size of the portion of the host to enable comfortable reception of the Sacrament.
- Adhere to guidance from medical staff in relation to health issues e.g. people who are peg fed and cannot receive the Eucharist.
- Be sensitive to the fact that doctors, nurses or social services may call just before or whilst the Sacrament is being administered and that medical care should take precedence.
- Talk with the people to whom the Sacrament is being brought, recognising them as part of the Body of Christ.
- Attend a safeguarding awareness session and adhere to the Diocesan Safeguarding procedures and Vulnerable Adults Policy.

Personnel Specification

- To have a reverence for the Eucharist
- To have a clear understanding of the Eucharist as a Sacrament of unity, reconciliation and healing.
- Full acceptance of the Church's teaching on the Eucharist and the Mass.
- To be able to bring the Eucharist on a regular basis to those in need.
- To recognise that Jesus is present in the Eucharist and in the people to whom it is being given.
- To maintain confidentiality in relation to people's personal details and information.

Role Description - Children's Liturgy

The purpose of this role is to work with pre-school and primary school children to provide an adapted Liturgy of the Word for them during Mass on Sunday's and Major Feasts.

Main Responsibilities

To:

- Work with others to form and inform a Children's Liturgy group with regular planned meetings.
- Inform parents of the children and the parish community of the aim and content of the liturgy group.
- Prepare the venue and ensure the safety and well-being of the children.
- Conduct the Celebration of the Word with them.
- Liaise with the priest at the parish liturgy and any other appropriate ministers.
- Organise the provision of the necessary books and equipment with the support of the parish.
- Ensure that the children's liturgy is conducted in accordance with the Diocesan Safeguarding procedures.
- Ensure Health and Safety policies and procedures are followed.
- Monitor good practice and implement changes where necessary to enhance quality and safety.

Personnel Specification

- An ability to relate to both children and adults
- Enjoy working with children
- Commitment to the teaching of the Catholic Church, liturgical programme and parish life.
- Willingness to give time for preparation and co-ordination of activities.
- Aged 18 or over

