

DUTY OF CARE

'A SHARED RESPONSIBILITY'



APPENDICES

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Always write in ink; sign and date documentation including alteration; do not use correction fluid to alter any documentation but draw a line through the incorrect area; initial and date alterations made.

Leader Application Form

for those working in Children or Youth Ministry in Anglican Parishes in the Diocese of Melbourne

Leader Declaration

I have carefully read the Guidelines for "Duty of Care Leaders Handbook" and agree to work under the principles detailed in them.

- I will support and work under the direction of the Parish Priest and/or those responsible for oversight of children or youth ministry in the parish.*
- I have not at any time been convicted or charged or been involved in any activity involving the abuse or sexual abuse of children or young people.*
- I recognise that I must behave and act according to the values of the community, society and the Church established for those working with young people.*
- I am prepared to undergo a National Police clearance.*
- I give permission for the parish priest or person with the oversight of children and youth ministry to contact my employer and previous parish to ascertain my suitability and experience as a leader.*

NAME _____

ADDRESS _____

P/CODE _____ DATE OF BIRTH _____

PHONE (H) _____ (W) _____

SIGNATURE _____ DATE / /

Current Church Involvement:

Member of this church for: _____ years

Other involvement in this church, past and current:

Previous Church Details:

(if insufficient space attach further details)

Name of Church: _____

Name of Minister: _____

Contact Number: _____

Reason for leaving: _____

Have you been convicted of a criminal offence? Yes/No

If yes, please explain: _____

Have you been convicted of child abuse or sexual abuse, or been involved in any activity related to molesting or abusing youth or children? Yes/No

If yes, please explain: _____

What traffic violations (other than parking) are on your driving record?

Please list and explain.

Referees:

A leader applicant must have two suitable referees. These are to be people of good standing in the community. All Appointments, volunteer or paid, should be made in consultation with the minister.

DECLARATION OF REFEREE:

To my knowledge the person named on this form overleaf is suitable to be a leader in Children or Youth Ministry in the mentioned parish in the Anglican Diocese of Melbourne.

I have no knowledge of this person at any time being involved in any offence against young people or any other reason that might reasonably preclude them from being involved in children or youth ministry.

I believe that the person will behave and act according to the values the community, society and the church established for those working with young people.

REFEREE 1:

NAME _____

PHONE _____

Position in the church/community

_____ Date / /

Signature

REFEREE 2:

NAME _____

PHONE _____

Position in the church/community

_____ Date / /

Signature

Always write in ink; sign and date documentation including alteration; do not use correction fluid to alter any documentation but draw a line through the incorrect area; initial and date alterations made.

Application Form for Leaders under 18 years of Age

Name: _____

Address: _____

_____ P/Code: _____

School Name: _____

Year at School: _____

Phone: _____

Mobile: _____

Date of Birth _____

Employment Information:

Occupation: _____

Company Name: _____

Approximate hours of work per week: _____

Leader declaration:

- I have carefully read the "Duty of Care Leaders Handbook" and agree to work under the principles detailed in them.***
- I will support and work under the direction of the Parish Priest and/or those responsible for oversight of children or youth ministry in the parish.***
- I have not at any time been convicted or charged of any offence involving children or young people.***
- I recognise that I must behave and act according to the values of the community, society and the Church established for those working with young people.***
- I give permission for the parish priest or person with the oversight of children and youth ministry to contact my parent or guardian to ascertain my suitability and experience as a leader.***

Signature

Date / /

Referees:

A leader applicant must have two suitable referees. These are to be people of good standing in the community. One of these needs to be someone other than the parent or guardian of the applicant.

Parent/Guardian Referee

I (name of parent) _____ have read and understood the requirements of my child and am happy for (name of child) _____ to be involved in ministry leadership. I will endeavour to support his/her development as a leader and will assist in following through with his/her commitment. I believe my child is ready for such a challenge and is suitable to work with children and youth.

Signature (Parent/Guardian)

Date / /

Has your child been involved in any activity related to molesting or abusing children? Yes/No

If yes, please explain.

Other Referee:

NAME _____

PHONE _____

Position in the church/community

DECLARATION OF REFEREE:

To my knowledge the person named on this form overleaf is suitable to be a leader in Children or Youth Ministry in the mentioned parish in the Anglican Diocese of Melbourne.

I have no knowledge of this person at any time being involved in any offence against young people or any other reason that might reasonably preclude them from being involved in children or youth ministry.

I believe that the person will behave and act according to the values the community, society and the church established for those working with young people.

Signature (Referee)

Date / /

Medical Information/Consent Form

In Children or Youth Ministry in Anglican Parishes in the Diocese of Melbourne

_____ **Anglican Church Children's & Youth Ministry**
(name of church)

This form is intended to assist the leaders in case of any medical emergency during the course of participation in any children's ministry activity. Please complete fully and return as soon as possible.

This form is to be filled out by the parent/guardian of the participant

Participant's Name: _____

Phone: _____ Mobile: _____

Address: _____

Postcode: _____

Date of Birth: _____ School Year _____

Emergency Contact

Name: _____

Relationship to Participant _____

Address _____

Phone: Home _____ Mobile _____

Doctor/ Health Contact

Name of Family Doctor: _____ Phone: _____

Address: _____

Postcode: _____

Medicare No: _____ Health Care Card No: _____

Medical/Hospital Fund: _____ Membership No: _____

Please tick if the participant suffers from any of the following:

- | | |
|---|--|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Heart Condition |
| <input type="checkbox"/> Fits of any type | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Dizzy Spells | <input type="checkbox"/> Migraines |
| <input type="checkbox"/> Blackouts | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Travel sickness | <input type="checkbox"/> Bed Wetting |
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Sleep Walking |

Other _____

Does the participant have any known allergies, including drug or food allergies? Yes/No

If yes please list below or attach details

Has the participant had any recent illness or surgery? Yes/No

If yes please list below or attach details

Will the participant have any medication? Yes/No

If yes please attach details (tablets, injections, dosage)

Who is to administer the medication? Child Leader Other_____

Are you an ambulance subscriber? Yes/No Membership No: _____

Does the participant have any special food requirements? Yes/No

If yes please give details _____

Further comment: _____

Date of last tetanus immunisation: ___/___/___

Permission:

I consent to my child's participation in the activities I have received notification of. I will encourage my child to participate and co-operate with the leaders and other participants.

I do/do not give permission for my child to participate in activities outside offsite.

I do/do not give permission for my child to be transported in private cars arranged by the leaders of the above named group.

I authorise the leader/s in charge of any activity conducted by _____ Anglican Church in _____ (suburb), to consent on my behalf, where it is impractical to communicate with me for my child to receive medical or surgical treatment as may be deemed necessary. I am also responsible for the cost of any medical treatment deemed necessary.

I understand there will/may be photographs and or video footage of my child during this activity and am willing for my child to be so filmed in appropriate settings. I am also willing for these photos or footage to be used to promote the ministry in a way that does not identify their name or details and are not published on a website or distributed in an electronic format. My child is also willing for this to take place.

Names of people allowed to pick up my child in the event that I am unable:

Signed: _____ **Date:** ___/___/___
(Parent/Guardian)

Always write in ink; sign and date documentation including alteration; do not use correction fluid to alter any documentation but draw a line through the incorrect area; initial and date alterations made.

Risk Assessment Checklist

- The 'Duty of Care' handbook has been read by all youth and children's ministry leaders.
- All our leaders have been through a safety induction course outlining guidelines for appropriate interaction and emergency procedures.
- We have at least one person with a Level 2 first aid certificate at our programs.
- All our drivers are fully licensed and responsible with good driving records.
- Staff and Volunteers have been cleared by police check.
- We are providing regular ongoing support for our volunteers.
- All our leaders can be identified easily during our programs.
- Appropriate instruction has been given and adequate supervision is planned for our activities.
- We have completed registration forms for all our current participants.
- Records are kept confidential and secure.
- Developmental, disability and special needs have been considered in relation to program activities.
- Need for suitable clothing and footwear has been advertised.

- Equipment, fixtures and safety features in the venue have been checked and are safe, in good working order and suitable for activity.
 - Suitable accessibility, ramps etc
 - Toilets – access and safety.
 - Safety glass installed at floor level.
 - Well-maintained fire extinguishers and fire blankets.
 - Protected electrical sockets/wiring/plugs/utensils.
 - Grounds clear of needles and broken bottles
- Potential risks have been identified and minimised
- We have clear emergency procedures.
- Our church has an ongoing Building maintenance team.
- Our First Aid Kit is complete and people know how to use it.

Accident/Injury/Illness Report Form

Statement by First Aider or Leader

Date of report / /

Time of report am/pm

First Aider/Leader's Name _____

First Aider/Leader's address _____

Date of injury / / Time of incident _____ am/pm

Full name of child _____ Family name _____

Date of birth of child _____ Sex M F

INJURY/ILLNESS/ACCIDENT DETAILS

Description of injury/illness/accident _____

How and where did the accident/injury occur? _____

FIRST AID ASSESSMENT AND OBSERVATIONS

Signs/symptoms/history _____

General observations _____

First aid treatment/management _____

Copy sent to Churchwardens, Vicar and Parent/Guardian Yes Date: / /

Parent/Guardian, Leader advised of the incident Yes No

Signature of Leader _____ Date: / /

Always write in ink; sign and date documentation including alteration; do not use correction fluid to alter any documentation but draw a line through the incorrect area; initial and date alterations made.

A first aider should take care to fully document all incidents where a casualty requests advice or first aid is administered. This can be recorded in a first aid record book and/or the accident register. No matter how small the treatment, the first aider has a responsibility to record all treatments given. An accident report may also be required to enable investigation of the cause of an accident. Advice should be sought from you church wardens as to the procedures to be followed in your church.

Playgroup Annual Checklist

Date completed: _____ Completed by: _____

Copies given to Churchwardens and Vicar on: _____

| | Check | Comments |
|---|-------|----------|
| Enrolment information book <ul style="list-style-type: none"> Is there a form for each child? Is all information on the form filled in? | | |
| Medication book <ul style="list-style-type: none"> Is there a medication book? If no book how do you handle an asthmatic etc? | | |
| Accident, injury, illness book <ul style="list-style-type: none"> Date of the most recent entry? Is there a system in place to ensure injured children's parents are notified of an accident or incident? | | |
| Attendance book <ul style="list-style-type: none"> Are they being signed in and signed out each week? Is the time of arrival and departure noted? | | |
| Screening <ul style="list-style-type: none"> Have appropriate background and police checks been conducted for paid staff and volunteers? Are they all less than 3 years old? | | |
| Size of area/number of children <ul style="list-style-type: none"> No more than 21 children Is there any overcrowding? Is the size of the indoor / outdoor area adequate? | | |
| Information available <ul style="list-style-type: none"> Are any policies on display around the room? (this is not a requirement) What information is on display? (programs, rosters, safety, fire plan, emergency nos. etc) | | |
| Toilet facilities <ul style="list-style-type: none"> Is there a nappy changing facility available? Are toilets and hand washing facilities child-sized? If not, do they have a step? How are the children supervised when visiting the toilet? | | |

| | Check | Comments |
|--|-------|----------|
| <p>Telephone available</p> <ul style="list-style-type: none"> • Is a telephone available? • Are the emergency numbers by telephone? | | |
| <p>First-Aid</p> <ul style="list-style-type: none"> • Where is equipment stored? • Is there a qualified first-aid worker present? <p>Fire protection –</p> <ul style="list-style-type: none"> • Smoke detectors • Appropriate extinguishers • Fire blanket • Electrical appliances are in good working order | | |
| <p>Babies</p> <ul style="list-style-type: none"> • Safe babies area for play? • Where are nappies changed? • Where are nappies disposed of? | | |
| <p>Kitchen</p> <ul style="list-style-type: none"> • Position of urns (out of reach of children) • Storage of dangerous detergents(locked cupboard) • Access – low gate to prevent children entering • How is morning tea served? • Hot cups of tea/coffee out of reach | | |
| <p>Indoor play area</p> <ul style="list-style-type: none"> • Are heater guards in place? • Are all power points covered? • Are there barriers to external doorways? • Is there safety glass in low glass doors/windows? • Are there door guards to prevent finger jams? • Are there frayed rugs? • Are exits labelled? • How are any non-used furniture in the play area eg stacked chairs, stored? | | |
| <p>Storage room and equipment safety</p> <ul style="list-style-type: none"> • Are toys stored safely? • Are toys and play equipment well maintained? • Inventory for insurance purposes given to vestry? • Are the toys and equipment appropriate to ages/stages? | | |

| | Check | Comments |
|--|-------|----------|
| <p>Play program</p> <ul style="list-style-type: none"> • Who is responsible for the play program? • Does their play program meet the developmental needs, interest and experiences? How? • Is the play program sensitive to individual differences or children with special needs? • How are parents involved in planning the play program? | | |
| <p>Parent involvement</p> <ul style="list-style-type: none"> • Do they have any difficulties/problems? • Are parents involved in decision making? How? • Are parent's ideas and suggestions gathered and used? • What written information is given to parents? (obtain copies if possible, not mandatory) • How are new families integrated? • Are parents regularly consulted about their child? • Is any parenting information circulated? | | |
| <p>Outdoor play area</p> <ul style="list-style-type: none"> • Are gates self-locking? • Is the fence 1.5 metres high? • Is there adequate soft fall under equipment? (grass is not soft fall) • Are there any entrapment hazards – cords, equipment, holes etc that could entrap a limb or head? • Shade provision • Sun policy – hats, cream etc. • Have any changes to property been noted to vestry? | | |
| <p>Duty of Care</p> <ul style="list-style-type: none"> • Have the Duty of Care – ‘A Shared Responsibility’ for leaders handbook and appendices been read and applied where appropriate? | | |

General comments:
