

DUTY OF CARE

'A SHARED RESPONSIBILITY'

Appendices:

- A: Leader Application Form**
- B: Application Form for Volunteers under 18 years of age**
- C: Medical Information / Consent Form**
- D: Risk Assessment Checklist**
- E: Accident/Injury/Illness Report Form**
- F: Playgroup Annual Checklist**
- G: Volunteer Driver Application**

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

Anglican Diocese of Melbourne Parish of

To be completed when applying for any position, paid or unpaid, within Anglican Parishes in The Melbourne Diocese. The Anglican Church of Australia has established standards of conduct for Church workers in order to maintain a safe and healthy ministry environment. Our commitment to these standards requires that we conduct background references for all persons who seek ordained or lay work.

Date:

Church Worker Application Form Part A

Position/s Applied For:

Always write in ink. Sign and date documentation including alterations. Do not use correction fluid to alter any documentation. Draw a line through the incorrect area; initial and date alterations made. You must answer all the questions. Please do discuss any issues with your parish priest. Your completed questionnaire will be kept in secure files, in accordance with privacy regulations

DECLARATION OF APPLICANT:

I, (Print Full Name).....

Date of Birth: of (Address)

do solemnly and sincerely declare that the following information on this application is true and correct in every particular.

- I have carefully read the Duty of Care Leaders Handbook and Faithfulness in Service Code* and agree to work under the principles detailed in them. I understand that, if appointed, my continued appointment will be at the discretion of the Parish Priest.
- I will support and work under the direction of the Parish Priest and/or those with responsibility in the areas of my work within the parish. I recognize that all appointments, volunteer or paid, will be made in consultation with the Parish Priest.
- 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 have not at any time been convicted of, charged with or engaged in conduct of sexual abuse or other abuse involving any person of any age.
- I do not belong to a high risk category for infectious diseases.
- I am prepared to undergo a Working With Children check and a National Police Certificate. For the purpose of evaluating my application, I agree that the Parish Priest may seek to discuss the outcome of these checks with the Director of Professional Standards.
- I understand that any untrue statement in or omission from this questionnaire may render me unfit to hold a particular or any office in the Church or to remain in employment in a Church body.
- I give permission for the Parish Priest, or if appropriate, the person with the oversight of children and youth ministry to contact my employer and previous parish to ascertain my suitability and experience for work within the parish.

If you have ever been known by another name/s, please write it/them here:

Phone (H)..... (W)..... Mobile:

Current Church Involvement: I have been a member of this church for:years.

My other involvement in this church has been:

.....

Previous Church Details: (if insufficient space please attach further details on another sheet)

Name of Church:

Name of Minister:

Contact Number:

Reason for leaving:

Please circle either “Yes” or “No” for each question. If the answer to any of the following questions is “Yes”, please attach details. A “Yes” answer will *not* automatically rule an applicant out of selection. If you have any questions, please talk to your parish priest. You will have an opportunity to discuss any “Yes” answers you give.

Abuse means: Sexual, Physical or Emotional Abuse, Bullying, Harassment or Neglect

Other than previously disclosed in writing by you:

- (a) Have you been found guilty by a court of an offence in Australia or a foreign country, whether or not a conviction was recorded against you? Yes / No
If so, give details here or by an attachment.

- (b) Are any criminal proceedings pending against you? Yes / No
If yes, give or attach details of each charge made against you.

- (c) Are you currently subject to an unresolved complaint, investigation, reference or order under the Professional Standards Act 2009 of the Diocese of Melbourne or any equivalent legislation of another Diocese? Yes / No
If yes, give details here or by an attachment.

- (d) Have you ever had an order made against you, or entered into a composition with creditors or an assignment for the benefit of creditors, under the Bankruptcy Act? Yes / No
If yes, give details here or by an attachment.

- (e) Do you have a history of alcohol abuse? Yes / No
If yes, give details here or by an attachment.

- (f) Do you have a history of substance abuse including abuse of prescription, over the counter, recreational or illegal drugs? Yes / No
If yes, give details here or by an attachment.

- (g) Have you ever had sexual relations with a person (other than your spouse) with whom you had a pastoral or professional relationship, for example, a parishioner, a client, a patient, an employee, a student, a subordinate? Yes / No
If yes, give details here or by an attachment.

- (h) Is there any other matter or past conduct of yours that would be relevant for the Archbishop to consider in deciding whether you are fit for ministry? Yes / No
If yes, give details here or by an attachment.

SIGNATURE OF APPLICANT **Date:**

Referees: A church worker applicant must have at least 2 suitable referees, each being of good standing in the community. Please have your referees complete the appropriate form and return these with this application. A reference check will be conducted with your referees.

*The Faithfulness in Service Code has been adopted by the Diocese of Melbourne.

Anglican Diocese of Melbourne Parish of

Church Worker Application Form Part B: Referee Details

For those applying for work in any position within Anglican Parishes in The Melbourne Diocese. The Anglican Church of Australia has established standards of conduct for Church workers in order to maintain a safe and healthy ministry environment. Our commitment to these standards requires that we conduct background referencing for all persons who intend to engage in ordained and lay work within Australia. Each referee is to be provided with a copy of your completed Application Form – Part A.

NAME OF APPLICANT:

Date of Birth Address

Referees must be over eighteen years of age and be able to give a verbal report on character and suitability for ministry among children and young people. Referees will be contacted by telephone. They must NOT be a relative, close friend or a member of the selection panel. If you have lived in another state or country, please include a referee from the last parish or placement in that state and/or country.

One referee should be a Senior Church Leader, (e.g. Priest, Church Warden, Vestry Member); the second referee may be an employer, teacher or someone who has known the applicant for over three years. Each referee is to be provided with a copy of your completed Application Form – Part A.

DECLARATION OF REFEREE:

- To my knowledge the person making this application and named above is suitable to be a church worker and to have contact with children and youth within the mentioned parish.
■ To my knowledge this person has not ever been involved in any offence against young people.
■ To my knowledge there is nothing which might reasonably preclude this person from being involved with children's or youth ministry.
■ I believe that the person will behave and act according to the values of the community, society and the church established for those working with young people and adults.
■ I have read all the information on both pages of Part A of this application and to the best of my knowledge, believe it to be true and correct.

REFEREE:

Name Phone

Church/community position I have known the Applicant foryears

Relationship to the Applicant

Signature Date

For Office use only:

This form has been read and considered by

Name Title Date.....

Telephone contact with referee made on (date) By

Notes:

.....
.....
.....

Anglican Diocese of Melbourne Parish of

For volunteers under 18 years of age working in Children’s or Youth Ministry.

Name:

Address:

..... Post Code:

School Name:

Year at School:

Phone:

Mobile:

Date of Birth:

Employment Information:

Occupation:.....

Company Name:.....

Approximate hours of work per week:.....

Volunteer declaration:

- I have carefully read the Duty of Care Leaders Handbook and agree to work under the principles detailed therein.
- I will support and work under the direction of the Parish Priest and those responsible for oversight of children’s or youth ministry in the parish.
- I have not at any time been involved in, 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.
- I give permission for the parish priest or person with the oversight of children’s and youth ministry to contact my parent or guardian to ascertain my suitability and experience as a leader.

Signature

Date

Referees:

A volunteer 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/guardian) have read and understood the expectations required of my child (as stated in the Volunteer declaration above) and am happy for(name of child) to be involved in this volunteer work. I will endeavour to support his/her development as a volunteer 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: Mobile

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’s or youth ministry.
- I believe that the person will behave and act according to the values of the community, society and the church.

Signature(Referee) **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.

Registration form for participation in Children’s 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 leaders in case of any medical emergency during the course of participation in any children’s or youth 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

Parent’s/Guardian’s Name:

Phone: Mobile:

Address:

.....

Postcode: Email:

Participant’s Name:

Phone:..... Mobile:.....

Address:.....

.....

Postcode: Email:.....

Date of Birth:..... School Year

Emergency Contact

Name:.....

Relationship to Participant:.....

Address:.....

.....

Postcode: Email:.....

Phone:..... Mobile:.....

Doctor/ Health Contact

Name of Family Doctor: Phone:

Address:

..... Postcode:

Medicare No:..... Health Care Card No:

Medical/Hospital Fund: Membership No:

Appendix C: Medical Information / Consent Form

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

Are there any medical conditions the leaders need to be aware of (e.g. diabetes; asthma; ADHD;

Travel sickness; Epilepsy; Allergies, Other - please specify):

.....
.....
.....

(Please discuss any special concerns or action plan to be followed in an emergency with a leader at the time of registration.)

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

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 of which I have received notification. 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 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 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 collect my child in the event that I am unable:

.....

.....

(If a person other than the parent or authorised persons named above is to collect the child on a particular day, permission must be given in person by the parent on the day.)

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.

Leaders

- 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 with youth and children and emergency procedures.
- We have at least one person with a current Level 2 First Aid Certificate at our programs.
- Our First Aid Kit is complete and people know how to use it.
- All our drivers are fully licensed and responsible with good driving records.
- Staff and volunteers have been cleared by a National Police Certificate.
- All leaders have a current Working With Children Check card.
- 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 suitability, and special needs have been considered in relation to program activities.
- Need for suitable clothing and footwear has been advertised.

Equipment

- 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, bottles and other sharp objects.

Risks

- Potential risks have been identified and minimised
- We have clear emergency procedures.
- Our church has an ongoing building maintenance program.

Appendix E: Accident/Injury/Illness Report Form

Statement by First Aider or Leader

Date of report/...../.....

Time of reportam/pm

First Aider/Leader's Name

First Aider/Leader's address

.....

Date of injury/...../.....

Time of incidentam/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 your churchwardens as to the procedures to be followed in your church.

Appendix F: 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? 		
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 participants 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 National Police Record Checks been conducted for paid staff and volunteers? Are the Checks less than 3 years old? Do staff and volunteers have current WWC cards? 		
Size of area/number of children <ul style="list-style-type: none"> No more than 21 children 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 numbers, etc) Is information about the playgroup provided when a family joins? 		
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? Are the children supervised when visiting the toilet? 		
Telephone available <ul style="list-style-type: none"> Is a telephone available? Are emergency numbers displayed near the telephone? 		

	Check	Comments
<p>First-Aid</p> <ul style="list-style-type: none"> • Where is equipment stored? • Is there a leader qualified in Level 2 first-aid 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? • How are nappies disposed? 		
<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 is any un-used furniture in the play area stored (e.g. stacked chairs)? 		
<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? 		
<p>Play program</p> <ul style="list-style-type: none"> • Who is responsible for the play program? • Does the play program meet the developmental needs, interest and experiences of the children? How? • Is the play program sensitive to individual differences or children with special needs? • How are parents involved in planning the play program? 		

	Check	Comments
<p>Parent involvement</p> <ul style="list-style-type: none"> • 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 metre 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, suncream 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 Handbook and Appendices been read and applied where appropriate? 		
<p>General comments:</p>		
<div style="border: 1px solid black; height: 280px;"></div>		

CONFIDENTIAL

Name of applicant		
Number of current Driver's Licence and Renewal Date	Licence Number	Renewal Date
List type of vehicles licensed to drive. (car, truck, bus, etc)		
Are there any restrictions or endorsements on your licence? If so please supply details.		
Provide details of any vehicle accidents in which you have been involved as a driver in the past five years.		
Give details of any traffic offences you have been convicted of in the past five years. <i>(Excluding parking offences)</i>		
Is your vehicle comprehensively insured? If so please name your insurance company.		
Is your vehicle registration current?		

All volunteer drivers must have comprehensive insurance coverage. Without insurance drivers are not permitted to act as a volunteer driver.

Please attach a photocopy of current driver's licence to this completed form.

I confirm that the information I have supplied on this form is true and correct to the best of my knowledge.

Signed Dated:/...../.....