

CONFIDENTIAL

ACTIVITY / PROJECT INFORMATION

Page 1 of 1

PARISH:

ACTIVITY /PROJECT

Venue:

Day/Date:

Duration

Time

Leaders in Charge

.....

- It is the responsibility of parent(s)/guardian(s) to be on time when dropping off or collecting children and young people for this activity.
- All participants must keep to the Code of Behaviour for this activity, otherwise they may be asked not to continue with the programme.
- Parents/guardians must provide contact details for the duration of activities.
- A leader is not allowed to give participants a lift to or from activities on their own without prior approval of the parents/guardians.
- Any concerns regarding the welfare and safety of children participating in parish programmes should be brought immediately to the attention of the Parish/Diocesan Designated Person.

PARISH DESIGNATED PERSON/S

Name

Contact Details

DIOCESAN DESIGNATED PERSON [DELEGATE]

Name

Contact Details

ACTIVITY PERMISSION FORM FOR PERSONS UNDER 18 YEARS OF AGE

Page 1 of 1

PARISH:

.....

PARISH DESIGNATED PERSON:

.....

ACTIVITY:

DATE/TIME:

DURATION:

GROUP LEADER:

NAME OF YOUNG PERSON:

.....

DATE OF BIRTH:

ADDRESS:

.....

.....

CONTACT DETAILS OF PARENT/GUARDIAN:

NAME :

TELEPHONE NUMBER(S) FOR THE DURATION OF THE PROGRAMME:

.....

MEDICAL INFORMATION:

Please give details of ANY medical condition of which the leaders ought to be aware, e.g. asthma, allergies etc.

.....

.....

.....

MY CHILD **DOES** **DOES NOT** HAVE PERMISSION TO WALK HOME ALONE ON RETURN

Having read all the information provided on this page concerning the above activity, I hereby give permission for my son/daughter/ward to participate in the above activity. I also give permission for group leaders to make any necessary emergency decisions during this activity.

SIGNED:

.....

(Parent/Guardian)

DATE:

INFORMATION

'SAFEGUARDING CHILDREN'

DIOCESAN DESIGNATED PERSON (DELEGATE):-

MONSIGNOR JOHN MCDONALD PP

HE CAN BE CONTACTED AT THE CURRAGH, CO. KILDARE 045-441369

Any concerns regarding the safeguarding of children taking part in this activity should be brought immediately to the notice of the 'Designated Person' listed by the Parish for this activity.

All those participating in Parish activities are expected to abide by the Code of Behaviour for the activity, and to accept instructions from leaders, otherwise they may be excluded from activities.

Please ensure that your child has any medication he or she might require and knows how to take it. All medical information provided will be treated in confidence.

Parents are reminded to drop off and collect children and young people promptly from all activities. Only those with signed permission will be allowed to leave unaccompanied.

The Diocese of Kildare & Leighlin only accepts liability or responsibility for an incident or accident caused by the negligence or breach of statutory duty of the Diocese, its servants or agents.

CONFIDENTIAL

ALTAR SERVERS APPLICATION FORM

Page 1 of 2

Parish:

Name:

Address:

School Attending: Class:

Home Tel No:

Parent's/Guardian's Mobile No:

Has Your Child Been Baptised? Yes No

Has your child celebrated First Holy Communion? Yes No

Does your child have permission to walk home alone from the church? Yes No

Please give details of any medical conditions of which we would need to be aware. Examples would be asthma, allergies etc. Please ensure that your child has any necessary medication and knows how to take it.

.....
.....

Any other relevant information

.....
.....

Altar servers make a commitment to assist at Sunday Masses, Funerals, and other liturgies as required during the year.

I/We are willing to allow our child serve at Masses and other Liturgies, and to leave school under conditions agreed with the school for ceremonies when necessary.

Signed:

Date:

ALTAR SERVERS APPLICATION FORM

Any concerns regarding the safety and welfare of an altar server should be reported to the Parish Designated Person

Name:

He/She can be contacted at (Telephone):

The Sacristan is

Other adult leaders who will be involved are:-

Name:

Name:

Name:

All information contained in this form will be treated as confidential.

Safeguarding Children

Our Parish adheres to the diocesan policy and procedures as set out in the latest edition of '*Kildare & Leighlin Diocese: Safeguarding Children Policy & Procedures*'. This document is available on the diocesan website – www.kandle.ie

CONFIDENTIAL
INCIDENT/ACCIDENT REPORT FORM

Page 1 of 2

**To be returned as soon as possible to _____
for secure storage.**

Parish: _____

Name of Child /Young Person: _____

Address: _____

Name(s) of Parent(s)/Guardian (s) – and Addresses if different from above:

Nature of Incident/Accident

Date Time and location of Incident/Accident

Date and Time of Reporting: _____

Passed to Parish/Diocesan Designated person by: _____

Name(s) of those present at the time of the incident/accident

Parent(s)/Guardian(s) informed by: _____

Date _____ Time: _____

CONFIDENTIAL

INCIDENT/ACCIDENT REPORT FORM

Page 2 of 2

Leader in charge of the programme: _____

Informed By: _____

Date: _____ Time: _____

Further action taken:

Signed: _____ Date: _____



Full Name (please PRINT)

Any name previously known by.....

Address:

.....

.....

Telephone Date of Birth

Programme applied for

Do you have any previous paid or voluntary experience of working with young people? If so, please give details

.....

.....

Any other information which you feel might be relevant

.....

Please provide the names and contact details of two people whom we could contact for a reference (These people should not be your relatives)

Name:

Address:

.....

Telephone:

Name:

Address:

.....

Telephone:

Signed :Date:.....

STAFF/VOLUNTEER DECLARATION FORM

Legislation in both jurisdictions on the island of Ireland, have at their core, the principle that the welfare of children and young people must be the paramount consideration. Therefore the Diocese of Kildare and Leighlin and all its Parishes ask that everyone working or volunteering for them who will come into contact with children and young people or with personal details of children and young people abide by good practice by completing and signing this declaration.

Do you have any prosecutions pending or have you ever been convicted of a criminal offence or been the subject of a caution or of a bind over order?

Yes No

If yes, please state below the nature and date(s) of the offence(s)

Nature of Offence

Date of Offence

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

Have you ever been the subject of disciplinary procedures or been asked to leave employment or voluntary activity due to inappropriate behaviour towards a child?

Yes No

If yes, please give details including date(s) below:

.....

.....

.....

DECLARATION

I declare that I do not know of any reason why I might be considered to be unsuitable to work with children or young people. I also understand that, if it is found that I have withheld information or included any false or misleading information above, I may be removed immediately from my post whether paid or voluntary, without notice. I have no objections, if requested, to submitting an application for Garda Vetting.

I understand that this information will be kept securely by parish and will not be used to unfairly discriminate against me assessing my application.

Signed :Date:.....

Have you ever been convicted of an offence in the Republic of Ireland or elsewhere?

Yes

No

DATE	COURT	OFFENCE	COURT OUTCOME

DECLARATION OF APPLICANT

I, the undersigned who have applied for a position as a _____ hereby authorise An Garda Siochana to furnish to **Diocese of Kildare & Leighlin** a statement that there are no convictions recorded against me in the Republic of Ireland or elsewhere or a statement of all convictions and / or prosecutions, successful or not, pending or completed, in the State or elsewhere as the case may be.

Signature of Applicant _____ Date: _____
()

To be completed by Employer/School /Parish

Name of Line Manager/ Contact Person*: _____

** (Must be the Chairperson of the Board of Management in the case of the school)*

Name of Employer (ie school/ parish): _____

Full Address _____

_____ Tel Number _____

To be completed by Diocesan Office, Bishop’s House, Carlow

Authorised Signatory: _____ (Diocese of Kildare & Leighlin)

PLEASE PRINT ALSO ()

Registration Number: _____ Date: _____

To be completed by the Garda Central Vetting Unit

According to Garda records there are no previous convictions recorded against the above named applicant

OR the attached convictions appear on Garda Records

OR the attached prosecutions are pending

NOTE:

Checks were carried out by this office based on the information supplied.

The convictions supplied may apply to the subject of your enquiry.

Please verify information disclosed with the applicant

Signed: _____ Member I/C





For use by Parish Staff Member/Volunteer/Parishioner or Parish Designated Person to record details of a Child Protection concern. A copy of this form must be sent to Parish Designated Person (or Diocesan Delegate). All copies must be filed in secure location.

1. Details of child or alleged victim

Name: _____ Male Female

Address: _____

School: _____ DOB: _____

2. Parent / Carer details (where appropriate)

Name: _____

Address (if different from above): _____

Tel: _____ Mobile: _____

Are they aware of the allegation, suspicion or complaint? Yes No

3. Details of concern, allegation or complaint

*(Include dates / times and location the incident(s) occurred, witnesses, if known.
Does the child /victim know this referral is being made?)*

4. Details of person(s) allegedly causing concern in relation to the child

Name: _____ Male Female

Address: _____

Relationship to child/victim (parent/Priest/teacher etc):

CHILD PROTECTION RECORDING FORM

5. Details of person making disclosure/raising concern

Name: _____

Address: _____

Tel: _____ Mobile: _____

Relationship to child or alleged victim: _____

(If you are **not** a Parish Designated Person please complete sections 6 and 7)

6. Reporting

Have you reported this matter to your Parish Designated Person/Diocesan Delegate?

Yes No

If Yes, give details of Designated Person you reported to:

Name: _____

Position/Parish: _____

If no explain why: _____

If no, has the matter been reported to civil authorities? Yes No

Have you reported the matter to any other member of the Church? Yes No

Who was it referred to:

Name: _____ Date Reported: _____

Position/Parish: _____

7. Details of Person completing the form

Name: _____

Tel: _____ Mobile: _____

Church Role: _____

Date: _____ Time: _____

Signed: _____



(If you are a Parish Designated Person please complete sections 8 and 9)

8. Parish Designated Person

Has the matter been referred to civil authorities?

Yes No

How was the referral made? _____

Date: _____

Have you notified the Diocesan Delegate?

Yes No

What actions were agreed and by whom when the matter was referred onto Civil / Church authorities?

Are there any immediate child protection concerns? If so, please record what they are and state what actions have been taken by whom to address them:

9. Details of Parish Designated Person completing the form

Name: _____

Parish: _____

Tel: _____ Mobile: _____

Date: _____ Time: _____

Signed: _____

STANDARD FORM FOR REPORTING CHILD PROTECTION AND/OR WELFARE CONCERNS

In case of Emergency or outside Health Board hours, contact should be made with An Garda Síochána.

A. To Principal Social Worker/Designate: _____

This will be printed as relevant to each Community Care Area

1. Details of Child:

Name: _____

Male

Female

Address: _____

Age/D.O.B.: _____

School: _____

1a. Name of Mother: _____

Name of Father: _____

Address of Mother if different to Child: _____

Address of Father if different to Child: _____

Telephone Number: _____

Telephone Number: _____

1b. Care and Custody arrangements regarding child, if known: _____

1c. Household Composition:

Name	Relationship to Child	Date of Birth	Additional Information e.g. School/Occupation

Note: A separate report form must be completed in respect of each child being reported.

2. Details of concern(s), allegation(s) or incident(s) dates, times, who was present, description of any observed injuries, parent's view(s), child's view(s) if known).

STANDARD FORM FOR REPORTING CHILD PROTECTION AND/OR WELFARE CONCERNS

3. Details of person(s) allegedly causing concern in relation to the child:

Name: _____ Age: _____ Male: Female:

Address: _____

Relationship to Child: _____

Occupation: _____

4. Name and Address of other personnel or agencies involved with this child:

Social Workers: _____ School: _____

Public Health Nurse: _____ Gardaí: _____

G.P.: _____ Pre-School/Crèche/Youth Club Club: _____

Hospital: _____ Other, Specify e.g. Youth Groups, After School Clubs: _____

5. Are Parents/Legal Guardians aware of this referral to the Social Work Department?

Yes: No:

If Yes, what is their attitude? _____

6. Details of Person reporting concerns:

(Please see Guidance Notes re. Limitations of confidentiality)

Name: _____ Occupation: _____

Address: _____

Telephone Number: _____

Nature and extent of contact with Child/Family: _____

7. Details of Person completing form:

Name: _____ Date: _____

Occupation: _____ Signed: _____

STANDARD FORM FOR REPORTING CHILD PROTECTION AND/OR WELFARE CONCERNS



Guidance Notes:

Health Boards have a statutory responsibility under the Child Care Act, 1991, to promote the welfare and protection of children in their area. Health Boards therefore have an obligation to receive information about any child who is not receiving adequate care and/or protection.

This reporting form is for use by:

- Health Board Personnel
- Professionals and individuals in the provision of child care services in the community who have service contracts with the health boards
- Designated person in a voluntary or community agency
- Any professional, individual or group involved in services to children who becomes aware of a child protection or welfare concern, or to whom a child protection or child welfare concern is reported.

Please fill in as much information and detail as is known to you. (Health Board personnel should do this in consultation with their line manager). This will assist the Social Work Department in assessing the level of risk to the child, or support services required. If the information requested is not known to you, please indicate by putting a line through the question. It is likely that a social worker will contact you to discuss your report.

Health Boards aim to work in partnership with parents. If you are making this report in confidence you should note that the Health Board cannot guarantee absolute confidentiality as:

- A Court could order that information be disclosed.
- Under the Freedom of Information Act, 1997, the Freedom of Information Commissioner may order that information be disclosed.

You should also note that in making a 'bona fide report' you are protected under the Protection for Persons Reporting Child Abuse Act, 1998.

If you are unsure if you should report your concerns, please telephone the duty social worker and discuss your concerns with him/her.

Form to be returned to the HSE Principal Social Worker, in your area.

Please use any of the contacts below if you wish to talk a HSE duty social worker about the safety and/or protection of children or young people:

Carlow Area, 059/9136587 (Office Hours)

Kilkenny Area, 056/7784842 or 056/7784782 (Office Hours)

Kildare/ West Wicklow Area : 045/882400 (Office Hours)

Laois Area : 057/8678236 (Office Hours)

Offaly Area : 057/9322488 (Office Hours)

Outside of these hours in cases of emergency please contact An Garda Síochána.