

Parish: _____ **Date:** _____
For the year: _____
Safe Ministry Rep: _____

SCREENING AND SELECTION OF PERSONNEL (Faithfulness in Service 5.19)

Summary of Safe Ministry Training Records for the year:

WWCC – number of verifications: _____

Safe Ministry Training – numbers of people trained in:

Essentials _____

Refresher _____

Junior Leaders _____

Volunteer Recruitment – the following documents were used in the recruitment of volunteer workers in children’s and youth ministries:

- Job/Role description
- Safe Ministry Check (from July 2020)
- Application form

POLICIES (Faithfulness in Service 5)

1. **During this year the parish has used the following permission notes for activities undertaken by the church with children and young people.**

Available here: <https://safeministry.org.au/resource-docs/>

- Generic permission form
- Enduring permission form
- Activity Approval Form

2. **During this year, the parish has used the following policies in working with children and young people** (All available at: <https://safeministry.org.au/blueprints/>).

Church Leaders

Yes No

- Safe Ministry Blueprint - Senior Minister
 Safe Ministry Blueprint - Safe Ministry Representative

Youth Ministry

Yes No

- Safe Ministry Blueprint - Head of Youth Ministry
 Safe Ministry Blueprint - Youth Ministry Leaders

Children's Ministry

Yes No

- Safe Ministry Blueprint - Head of Children's Ministry
 Safe Ministry Blueprint - Children's Ministry Leaders

If you answered 'no' to any of the above policies being used in the parish, please explain why:

GROUPS/REGULAR ACTIVITIES (Faithfulness In Service 5.26ff)

During the year the following activities were run on church property:

Group/Activity	Meeting times	Age group

During the year, the following activities were run away from church property:

Group/Activity	Meeting times	Age group

During the year, the following external service providers were engaged (Faithfulness in Service 5.24):

Name	Date	Company	Phone	Activity

During the year, the following incidents and health & safety concerns were identified:

Date	Reported by	Nature of incident/Action taken

RECOMMENDED CHANGES TO PRACTICES AND PROCEDURES:

SAFE MINISTRY REPRESENTATIVE:

Name: _____

Signed: _____

Date: _____