



Safe people
safe environments

Resources



Property Requirement Safety Checklist

Congregation: _____

Assesses by: _____

Date Assessed: _____

Item	Yes	No	N/A	Comments
Is there a first aid kit in building and appropriately stocked and within date?				Date last checked:
Is there a portable first aid kit which is appropriately stocked and within date?				Date Last checked
Do stairs have suitable and secured railings and non-slip treads?				
Are raised areas (e.g, stages) inaccessible to children when not in use? If so what Risk Management Plan is in place when not in use?				
Are there identification marks to alert people to raised areas eg a single step up or a protruding corner?				
Are there railings that children could climb? If so what safety features are in place? (<i>Risk Management Plan required</i>)				
Is there wheelchair access into building/s and is at correct degree angle?				
Do stairs and ramps used at night have good lighting?				
Are all internal doors able to be opened from the outside to prevent children from locking themselves in?				
Are doorways clearly marked with tactile tiles?				
Are heavy pieces of furniture stable or anchored to prevent falling over?				
Are folding tables and chairs stored in such a way that children are unable to climb them?				
Are stackable chairs stacked no more than 5 high?				
Is furniture, toys and play equipment free from sharp corners or rough edges?				
Are glass doors and windows that are less than 75cm above floor level and have a minimum dimension of 900mm square, either: toughened, laminated glass or covered by an organic film?				If not what barricades are in place?
Are decorative stickers placed on glass doors at adult and child height?				

Property Requirement Safety Checklist

Item	Yes	No	N/A	Comments
Have smoke detectors been installed in all appropriate areas?				Date last checked
Is there a fire blanket in kitchen?				
Is the building/s equipped with appropriate fire extinguisher/s?				
Has fire extinguisher/s been checked for charge? - (These need to be checked twice a year.)				Date last checked
Is there an emergency evacuation plan and procedure displayed on wall in worship area?				
Is there an emergency evacuation plan and procedure displayed on wall in hall area ?				
Is there an emergency evacuation plan and procedure displayed on wall in office area ?				
Is there a defined and clearly marked emergency evacuation assembly area ?				
Do regular fire drills happen with the different groups within the congregation?				
Do people using the premises have access to a telephone for emergency use?				
Is there a list of emergency numbers clearly displayed in appropriate places?				
Are electrical wires and cords in good repair and out of reach of children and/or appropriately fastened to avoid tripping?				
Have all electrical equipment and cords been checked and tagged by a qualified person? This needs to happen yearly.				Date last checked
Have all electrical RCDs been tested and tagged at least yearly?				Date last checked
If power boards used are they to Australian Standards?				
Are there safety plugs fitted in power points below 75cm?				
Are floor heaters protected by screens?				
Are rugs and mats secured to prevent tripping or slipping?				
Are furniture and furnishings placed away from items that may encourage children to climb?				
Are small items that children could swallow kept out of reach of children?				
Are curtain or blind cords securely fastened and out of reach of children?				
Are hot water taps accessible to children?				

Property Requirement Safety Checklist

Item	Yes	No	N/A	Comments
If hot water taps are accessible to children are there child resistant tap covers in place or water temperature controlled to 50 degrees?				
Are kettles, jugs, urns out of reach of children?				
Are accessible hot water pipes covered or insulated?				
Is the kitchen area non accessible to children?				
Is there a thermometer in the refrigerator?				
Is the thermometer in refrigerator checked regularly to ensure that temperature remains at under 5°C, freezer -15° to -18°?				
Are matches, plastic bags, knives and other sharp objects stored out of sight and out of reach of children?				
Is the microwave positioned out of children's reach?				
Are stove knobs out of reach of children?				
Are all products within kitchen in safe and appropriate packaging?				
Are all bench and other surfaces in good condition?				
Is the refrigerator and cupboards regularly checked for out of date products?				
Is there a toilet with disabled access?				
Is the area in the toilet for the disabled clear so there is wheelchair access at all times?				
Do toilet doors open outwards or are able to be lifted off?				
Do all toilets have pump soap? (bars of soap not acceptable)				
Do all toilets and wash areas have paper towel for drying hands? (hand towels are not acceptable)				
Is there nappy changing facilities available?				
Is the nappy changing surface area washable and cleaned with detergent and warm water?				
Are toilets cleaned and sanitized regularly?				
Use of candles – are candles and matches out of children's reach?				
Are poisons, detergent, cleaning products stored in a locked cupboard or out of reach of children?				

Property Requirement Safety Checklist

Item	Yes	No	N/A	Comments
Do all stored poisons, detergent, cleaning products have a material safety data sheet that is readily accessible?				
Is the number of the Poison Hotline with First Aid Kit and on list by the phone?				
Are all flammable liquids, paint, weed killer, petrol, etc. locked away from main hall and worship area?				
Are all mowers, weed eater, garden tools etc. locked away from children?				
Do the outdoor play areas and gardens have any poisonous plants? <i>(Refer to Plants and Fungi poisonous to people in Queensland booklet or on the website)</i>				
Are plants pruned to avoid eye damage – remember the size of small children when you prune.				
Is there an outdoor play area that is fenced with child safe fencing 1.2m height? If no what Risk Management plans are in place?				
Is the fenced area in an appropriate area – eg within sight of where adults gather?				
Is there child safe fencing to protect from driveways and roads? If no what Risk Management plans are in place?				
Is outdoor play equipment free of worn ropes or chains?				
Is outdoor play equipment smooth and free of rust, splinters?				
Are chains on swings and slides enclosed in tubing or with small chain links?				
Are riding toys in good repair?				
Is outdoor play equipment over 500mm on grass or recommended soft fall?				
Is outdoor play equipment placed at least 2 metres away from any hard surface and fencing?				
If there is a sandpit does it have suitable cover?				
Is sandpit checked for hazards before use?				
Is sandpit cleaned monthly?				
Are garbage bins placed outside of play area where possible?				
Is the grass kept short?				
Are buildings, grounds and play equipment free of spiders, bees, wasps, centipedes, termites etc.?				

Property Requirement Safety Checklist

Item	Yes	No	N/A	Comments
Date buildings last check for vermin?				
Date building last treated for pest control?				
Are site users aware of person to contact for safety or property issues?				
Do users of property sign in the sign in book? (Worship exempt)				
Do congregation members working on property sign the sign in book? (Worship exempt)				
In accordance with Government Legislation, has a Risk Management Strategy/ies been prepared for activities and venue?				

General comments

Church Property Co-Ordinator

Signature:

Date:

Presbytery Representative

Signature:

Date:

Date copy sent to presbytery:



Code of conduct

for all paid employees, leaders, team members and volunteers

Statement of Commitment

The Uniting Church in Australia Bremer Brisbane Presbytery is committed to the safety and well-being of all people, including those who use our services. We will provide safe places where people of all ages, gender, ability and economic situations are cared for, nurtured and sustained. We will treat all people with respect, understanding and we will address their concerns at all times.

Bremer Brisbane Presbytery commit to being a community who:

- provide and maintain a welcoming, safe and supportive environment for all people including children and young people
- offer suitable and well equipped leadership for all activities offered by Bremer Brisbane Presbytery Uniting Church
- provide a level of resourcing that reflects the value of all people
- provide clear and appropriate guidelines for managing the safety of people, programs and the environment

In order to support our commitment to all people, including children and young people, we are committed to the Uniting Church's Child Safe Church Policy which has policies and procedures including risk management strategies in place to effectively address the safety and well-being of children and young people in our care.

Code of Conduct

All paid employees, members, leaders and volunteers will adhere to the Bremer Brisbane Presbytery's Statement of Commitment (as above).

All members, leaders and volunteers will:

- Respect the rights, dignity and worth of every person, regardless of their abilities, gender, religion or cultural background
- Support all efforts to remove any form of abuse within the church and encourage a safe and supportive service environment
- Ensure that any physical contact with others is appropriate to the situation and necessary for the person's skill development (see Standards of Behaviour Table)
- Refrain from developing inappropriate close personal relationships with the children/young people outside of the program environment
- Refrain from using abusive, derogatory or offensive language
- Impart knowledge and skills of the game/activity in a respectful and encouraging manner
- Share stories and aspects of the faith in a positive and non-judgemental way
- Always consider the health, safety and welfare of the children and young people
- Do not show favouritism

Who must comply with the code of conduct?

This code of conduct applies to all paid employees, team members, and volunteers who enter our service environment.



Code of conduct

for all paid employees, leaders, members and volunteers

Standards of Behaviour

Behaviour	Appropriate	Inappropriate
Language	<ul style="list-style-type: none">Using encouraging/positive words and a pleasant tone of voiceOpen and honest communication	<ul style="list-style-type: none">Insults, criticisms or name callingBullying, swearing or yellingSexually suggestive comments/jokes
Relationships	<ul style="list-style-type: none">Being a positive role modelBuilding relationships based on trustEmpowering children/ young people to share in decision making	<ul style="list-style-type: none">Favouritism or giving giftsSpending excessive amounts of time alone with children/young peopleContact outside of program unless parent is present or has given permission for email /phone contact (parent is to be part of this relationship)Bullying, harassment'Grooming' children or young people
Physical Contact	Touching due to medical emergency or protecting from physical harm Non-threatening – shoulder , arm, in sight of others	<ul style="list-style-type: none">Violent or aggressive behaviour including hitting, kicking, slapping or pushingKissing or touching of a sexual nature consistent with 'grooming'
Other	<ul style="list-style-type: none">Appropriate attire/clothing for roleUse of internet/mobile phone for work related purposes only (parent needs to give consent)	<ul style="list-style-type: none">Using alcohol or other substances before or during program or workInappropriate clothingSending inappropriate emails

- I have read and agree to uphold the Uniting Church in Australia Queensland Synod's Child Safe Church Policy and to follow the guidelines and procedures outlined. I will work to contribute positively to the growth and development of the organisation, the children and young people it provides service to, and their parents and carers.¹

In the event that the code of conduct for interacting with children and young people is breached, actions will be taken in accordance with The Uniting Church in Australia Queensland Synod Complaints policy for managing breaches of the child and youth risk management strategy.

Agreement to Code of conduct

I have read, understood, and will act in accordance with the above code of conduct.

Name: _____ Signature: _____

Date: _____

Witness Name: _____ Signature: _____

¹ Agreement to comply with the Uniting Church in Queensland's Policies and Code of Conduct

Based on Code of conduct for employees and volunteers in Child and Youth Risk Management Strategy Toolkit. Commission for children and young people and child guardian



Code of conduct

for parent/carer

As a parent/carer of a child/young person involved in the service provided by the Uniting Church In Australia Bremer Brisbane Presbytery, I will:

- respect the rights, dignity and worth of every person, regardless of their abilities, gender, religion or cultural background.
- respect the decisions of the minister/leaders and teach children to do likewise
- focus on and encourage children's efforts and performance
- support all efforts to remove any form of abuse within the church and encourage a safe and supportive service environment
- remember that my child participates in activities for their own enjoyment, not mine
- raise any issues or concerns promptly with leader of group or the minister
- will not treat any child or young person in an unfair, unjust, or discriminatory manner
- will not smoke on the church premises or at a group program activity which is held off site
- will not drink alcohol or use illicit substances while on the church premises or at a group program activity which is held off site

Agreement to Code of conduct

I have read, understood, and will act in accordance with the above code of conduct.

Name: _____ Signature: _____

Date: _____

Witness Name: _____ Signature: _____



Volunteer application form

Resource Code CSE2-OA-UCAQ

This form must be completed by all applicants for voluntary work with Bremer Brisbane Presbytery

The information requested will:

- provide an insight into the applicant's experience, gifts, abilities and resources.
- highlight an applicant's responsibilities as a leader.
- remain confidential.

On completion, please forward this form to: Bremer Brisbane Presbytery

I am applying to be a volunteer for:

☐

Team leader

☐

Team leader

☐

Team leader

Personal details

Name

Date of birth

M / F

Occupation

Phone Number (H)

(M)

Address:

Postcode

Email

Emergency contact details

Name

Relationship

Phone Number (H)

(M)

Referees

Before your application can be approved, please give details of two people who have agreed to be your referees. Neither should be a family member.

Name

Name

Address

Address

Phone: (H)

Phone (H)

(M)

(M)

Volunteer application form

Resource Code CSE2-OA-UCAQ

Please tell us about yourself

1. Please outline your reasons for offering to work with children/young people.
2. What experience do you have of working with children and young people?
3. Please list any relevant qualifications and/or training that you have attained or attended (including first aid).
4. Is there any medical condition, relevant information or limitation (e.g. epilepsy) that may affect your ability to fully participate as a volunteer? (Please give details)

Child protection statement

Children and young people who are involved in our activities should receive the highest possible standard of care and protection. Therefore, in all our work, we seek to ensure the well-being and development of each child and young person. Within this context, Bremer Brisbane Presbytery is committed to the protection of children and young people from all forms of abuse.

1. Have you been interviewed, questioned or charged by police in relation to any offence involving children, young people, violence, alcohol or drugs? ☐ Yes ☐ No
2. Have you been convicted of any offence involving children, young people, violence, alcohol or drugs? ☐ Yes ☐ No if 'yes' for either question, please give details or you may choose to discuss this with the person named on the front of this form.

All applicants are required to undergo a working with children (or police records) check.

Signatures

I confirm that the information contained in this application is true and correct.
I have read the *ChildSafe Team Member s Pocket Guide* and agree to abide by its guidelines.
I agree to my information being stored on the secure Safety Management Online database.
If applicant is under 18, parent or guardian must also sign.

Name	Name
Signed	Signed
Date	Date
Office use only	
Renewal date:	Refs: 1 2 WWC check:
Appointment Authority name:	Signature: date:



Referee Questionnaire

Resource Code CSE3-GR-UCAQ

Applicant's Name:

Date of interview, or date that form was provided to the referee:

Referee's Name:

Referee's Contact Details (Phone, Email):

Please answer the questions below using extra paper if necessary.

Thank you for your assistance.

1. How long have you known the applicant?

2. What is your relationship to the applicant?

3. Please comment on the applicant's skills and characteristics making them suitable to lead/or care and take responsibility for the safety of children and young people.

4. Please give a brief description of the applicant's personality and character.

5. In your view, what are the applicant's

(A) Strengths?

(B) Weaknesses?

6. How do you think the applicant would respond to working:

(A) Under the leadership of a Team Leader?

(B) As a member of a team?

(C) With members of the opposite sex?

Referee questionnaire

Resource Code CSE3-GR-QLD

7. How strongly would you recommend this person for work with children and young people?

- ☐ Not at all
- ☐ With reservations
- ☐ Don't know/cannot say
- ☐ Recommend
- ☐ Strongly recommend

8. To the best of your knowledge is there any reason the applicant would be considered **unsuitable** to work with children and young people?

9. Any other comments that may assist us in determining the applicant's suitability?

Signature

Signed _____

Date _____

Please return to:

Name: _____

Address: _____

Phone: _____

Team Leader/Coordinator comments: _____



Drivers declaration

Resource Code CSE2-GD-UCAQ

This form is provided as a suggested template for use in relation to transportation during programs. You may need to modify the contents to apply to your jurisdiction, and to take account of your context and program details.

Drivers with responsibility for providing transport during a program are required to complete this form.

Ticking responses marked with an asterisk () will preclude you from transporting participants during a program run by this organisation.

Driver's Name _____

Phone Number (H) _____

(M) _____

I have a current Driver's Licence: ☐ Yes ☐ No*

Expiry Date _____

Type of Licence: ☐ Car ☐ Bus ☐ Other Please specify _____

I have sufficient driving experience, as defined by Child Safe Church Policy and Procedures ☐ Yes ☐ No*

I have restrictions on my Licence (eg P Plates) ☐ Yes ☐ No

If yes, please note the restrictions _____

Witness to complete

Licence sighted by _____

Signature _____

Date _____

Insurance

Motor Vehicle Insured: ☐ Yes ☐ No* If 'Yes', name of Insurance Company _____

If 'Yes', type of insurance cover:

☐ Comprehensive Insurance

☐ Third Party Property Insurance

☐ Third Party Property Fire & Theft

Declaration

☐ I have completed all screening requirements for the organisation, in relation to my suitability to work with children.

☐ I will drive carefully and follow all road rules.

☐ I will provide a registered, insured and roadworthy vehicle.

☐ I will ensure that all passengers wear a seat belt.

☐ I will not drive under the influence of alcohol or drugs, or permit smoking within the vehicle.

☐ I understand that The Uniting Church in Australia, Queensland Synod's insurance program does not provide cover for any loss or damage to a volunteer's vehicle, or any loss or damage arising from the use of a volunteer's vehicle.

☐ I have a good driving record. Specifically, I have not committed traffic offences in the past five years or been involved in any car accidents which might reasonably preclude me from transporting participants. I will discuss this with my Team Leader prior to offering myself to drive if unsure.

The information provided on this form is correct and indicates my commitment to the safety and welfare of all those for whom I am responsible.

Signed _____

Date _____

Resource: Drivers declaration Level: Team Leader Resource Code: CSE2-GD-UCAQ

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Team member information

Resource Code CSE2-RM-UCAQ



Program name:

Dates:

Name of appointed team leader(s)

	First name	Surname	M/F	Appointed	D.O.B	Address	Phone	Email	Skills/ Qualifications
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

Risk Assessment and Action plan



Ministry name: _____ Date: _____ Activity name: _____

Risk area identified	Reasonably foreseeable RISKS & DANGERS	Potential risk factors	Calculate the Risk (see table over page)	Things to do to prevent incident BEFORE and DURING the activity	ACTION to be taken in case of an INCIDENT

Information for completing Risk Management Plan

Risk Rating Categories Table

Likelihood	Consequences				
	Insignificant (1)	Minor (2)	Moderate (3)	Major (4)	Catastrophic (5)
Almost certain (5)	High	High	Extreme	Extreme	Extreme
Likely (4)	Moderate	High	High	Extreme	Extreme
Possible (3)	Low	Moderate	High	Extreme	Extreme
Unlikely (2)	Low	Low	Moderate	High	Extreme
Rare (1)	Low	Low	Moderate	High	High

Activity Co-ordinator, please complete the following sections and deliver to relevant approving group:

Risk Rating Category

- 9-10- Extremely high risk- is recommended to re-consider continuing with the activity, However, if you do continue follow the process below.
- 8-10- High to Extreme risk activity- to be approved by Church Council & may be approved pending approval by Insurance company via UC Insurance office.
- 5-7- Medium risk activity- to be approved through relevant Focus Group (eg. Youth and Children's Focus Group)
- 1-4- Low risk activity- to be approved through specific Ministry Group (eg. Sunday School)

UC Insurance (Uniting Church Queensland Synod office) contact information:

Ph: 07 3377 9942 Email: insurance@ucaqld.com.au

Please rate the Activity's Risk Rating (please circle): 1 2 3 4 5 6 7 8 9 10

Have contacted UC Insurance (if necessary): ☐ Yes ☐ No

Please attach this form to the *Approval Request* to Church Council
(Resource 4 general or Resource 5 for high risk activity)



Safety Information

Resource Code CSE2-SS-UCAQ

Name of program: _____

Date(s) of program: *From* _____

To _____

Team leader: _____

Contact phone: _____

1. Group size (dependent on context, this may be an estimate)

All programs: Ensure that the list of Team Members is submitted as part of Permission to Proceed.

Residential programs: Attach the list of participants.

Team Members: Male: _____

Female: _____

Participants: Male: _____

Female: _____

2. Contacts for you during your program

Main Contact Person

Alternative Contact Person

Name: _____

Name: _____

Phone number: _____

Phone Number: _____

Times available: _____

Times available: _____

3. Your first aid arrangements

First Aid Coordinator: _____

level of training: _____

Additional Team Members with First Aid training

Name: _____

level: _____

Name: _____

level: _____

4. Base Location (Site)

(Note that separate activity plans are to be added if multiple locations are used)

Location name & address: _____

Location contact number (if applicable): _____

For additional activities

List venues/locations and for what purpose they will be used:

Description of locations in relation to known roads (or enclose site map): _____

Safety Information

Resource Code CSE2-SS

5. Local Emergency Services Location and Contacts

Police Station location: _____ Contact numbers: _____

Doctor's location: _____ Contact numbers: _____

Hospital location: _____ Contact numbers: _____

Other useful location(s): _____ Contact numbers: _____

6. Sign off

Having considered the risks within this activity, and determined an action plan to minimise those risks, I consider this to be an appropriately safe program to conduct.

Team leader name: _____ Signature: _____



Activity Information

Resource Code CSE2-SA-UCAQ

When do I need to complete one or more of these forms?

Programs based at only one location, undertaking a limited set of activities (such as games or small group activities) need only provide CSE2-SS Safety Information. Additional activity information forms are required where the program involves clearly separate activities, and/or activities held across multiple locations. In these situations CSE2-SA Activity Information must be completed for each distinct activity.

Activity name: _____

Date(s) of activity: _____

1. Activity status

- ☐ I have checked whether there are specific guidelines for this activity, based on recognised industry standards or on local requirements. (If specific guidelines exist, please consult those, and continue with completion of this form.)
- ☐ This activity is not excluded from our organisation's Public Liability Insurance Policy.

2. Activity Leaders/Instructors

Instructors in charge must have completed the necessary training as applicable, and hold any required statutory qualifications.

Person	Relevant Qualifications	Training and Experience
<i>Person in charge of activity:</i>		

3. Emergency Phone Contacts (where different from your overall Safety Information)

Police Station location: _____ Contact numbers: _____

Doctor's location: _____ Contact numbers: _____

Hospital location: _____ Contact numbers: _____

Other useful location(s): _____ Contact numbers: _____

4. Participant Requirements (some statements may not be applicable to your context)

Have plans been made to give clear instructions to participants? ☐ Yes ☐ No

Details: _____

Is this activity appropriate for the age range of the intended participants? ☐ Yes ☐ No

Has a suitable plan been established to enable participants to become competent in basic skills and slowly progress into more technical areas? ☐ Yes ☐ No

Details: _____

Activity Information

Resource Code CSE2-SS

5. Equipment (some statements may not be applicable to your context)

What equipment (safety and general) is required?

Details: _____.

Is there sufficient equipment for the number of participants?

☐ Yes

☐ No

Do participants know how to use all equipment appropriately and effectively?

☐ Yes

☐ No

Is there enough equipment to run the activity adequately,
and with spares available for emergency?

☐ Yes

☐ No

Will the equipment be inspected prior to use?

☐ Yes

☐ No

6. Venues (some statements may not be applicable to your context)

Is the venue appropriate for the activity?

☐ Yes

☐ No

Will all the venues be checked and approved by at least one Team Member?

☐ Yes

☐ No

Attach venue or trip route details as applicable

☐ Yes

☐ No

Date of last leader's inspection of route or venue: _____

Participant information

Resource Code CSE2-RI-UCAQ



Program name:

Dates:

Team leader/s:

	First name	Surname	M/F	D.O.B	Address	Phone	Email		
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									

Resource: Safety Information Level: Team Leader Resource Code: CSE2-RI ChildSafe Safety Management System © CHILDSAFE LIMITED Reproduction of this resource is subject to a 'Fair Use Agreement' provided on the ChildSafe Resource CD or at www.childsafe.org.au



Application for permission to proceed

Resource Code CSE2-SP-UCAQ

Name of program: _____

Program area/type/category: _____

Name of appointed team leader: _____

Date(s) of Program*: _____

* For an ongoing program, a range of dates should be listed, providing an expiry date for this permission. Permission will need to be renewed beyond the expiry date.

Steps Required for Permission to Proceed

The following steps are required for the granting of Permission to Proceed:

1. **Appointed People:** Each of your Team Members must be properly appointed according to your organisation's policy. *Resource CSE2-RM Sample Team Member Information* provides a sample spreadsheet for providing Team Member information.
2. **Safety Plans:** You must submit a satisfactory plan covering safety issues.
 - a. All programs must submit *CSE2-SS Safety Information*.
 - b. Programs with additional activities complete the appropriate number of *CSE2-SA Activity Information*[#].
3. **Emergency Response Information:** You need to have current information about your organisation's Emergency Response process, including when and how to request its use. This step is dependent on your organisation having an operational Emergency Response Process in place.
4. **Context Specific Requirements:** Additional information may be required as follows:
 - a. A copy of your program outline (event schedule, Semester calendar etc.) may be applicable.
 - b. Residential programs should submit a list of participant details. *Resource CSE2-RI Sample Participant Information* provides a simple template.

Your Coordinator assesses the information you provide and, if satisfied that the planned program is satisfactory to your organisation, will grant you Permission to Proceed in writing

[#] Do I need to supply separate Activity Information?

Programs based at only one location, undertaking a limited set of activities (such as games or small group activities) need only provide CSE2-SS Safety Information. Additional activity information forms are required where the program involves clearly separate activities, and/or activities held across multiple locations. In these situations CSE2-SA Activity Information is completed for each distinct activity.

Office use only

Date Application Received: _____

Date Application Processed: _____

Outcome

☐ Permission Granted - Permission to Proceed issued on (date): _____

☐ Permission withheld or pending - Reason: _____

Name of authorising person: _____

Signature: _____

Date: _____

Resource: Application for Permission to Proceed Level: Team Leader Resource Code: CSE2-SP

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Check list for assessing a safety plan

Resource Code CSE2-CC-UCAQ

The following checklist is provided as a series of prompts for Coordinators when assessing information supplied as part of the Permission to Proceed process.

Safety Information (CSE2-SS-UCAQ)

- ☐ The form has been adequately completed.
- ☐ A list of Team Members has been supplied.
- ☐ Each Team Member has been properly appointed according to policy.
- ☐ Adequate contact information has been supplied, so that you are confident that the Team Leaders can be contacted should the need arise.
- ☐ A first-aider-in-charge has been appointed.
- ☐ The program has adequate first aid expertise, taking into consideration the nature of the activities, the location and duration of the program.
- ☐ The ratio of Team Members to participants is adequate for the context.

Potentially risky activities

Certain activities carry greater risk. These are subject to various restrictions, and need a more thorough safety plan before being conducted within a program. ChildSafe Team Leaders Guide discusses in some depth the process of identifying such activities and deciding whether they are appropriate to undertake.

- ☐ A relevant industry standard for your jurisdiction has been sourced (where available), and its guidelines used to determine whether the activity will be properly and safely conducted.
- ☐ (If in doubt) Your **Risk Management Officer** is aware that the activity is being proposed, and has agreed to it being conducted in the manner described in the safety plan.
- ☐ There are no planned activities which are beyond the capacity of your organisation to deliver safely, or which are listed in your current Public Liability Insurance policy as being excluded.

Activity Information (CSE2-SA-UCAQ)

For major activities planned for this program, and in particular where a different venue is to be used from the base location, further information is required. There may be several such activities. You will need to exercise some discretion in deciding when an Activity Information Form is required.

Activity 1
Activity 2
Activity 3
Activity 4

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | The form has been adequately completed. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | The activity has adequate first aid expertise, taking into consideration the nature of the activities, the location and duration of the activity |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Emergency contact details for various services have been obtained and included. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | An adequate Risk Assessment and Management Plan has been supplied for the conduct of the activity at this location. |

Emergency response information

- ☐ The Team Leader has information on your organisation's Emergency Response process, specifically who to contact, how and under what circumstances.

Other steps

- ☐ A program outline has been provided if appropriate.
- ☐ A list of participants has been supplied, in situations where they are known (such as residential programs).

Resource: Activity Information Level: Team Leader Resource Code: CSE2-CC

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Permission to proceed

Resource Code CSE2-CP-UCAQ

Name of program: _____

Location: _____

Team leader: _____

Date(s)* of program: *From* _____ *To* _____

* For an ongoing program, a range of dates should be listed, providing an expiry date for this permission. Permission will need to be renewed beyond the expiry date.

Reminder checklist - Steps required for permission to proceed

- ☐ **Appointed People: Each Team Member is properly appointed according to your organisation's policy.**
- ☐ **Safety Plans: A satisfactory plan covering safety issues has been submitted and assessed.**
 - a. All programs must submit CSE2-SS Safety Information.
 - b. Programs with additional activities complete the appropriate number of CSE2-SA Activity Information.
- ☐ **Emergency Response Information: The Team Leader is aware of your organisation's Emergency Response process, including when and how to request its use.**
- ☐ **Context Specific Requirements: Additional information may be required as follows:**
 - a. A copy of the program outline (event schedule, Semester calendar etc.) may be applicable.
 - b. Residential programs should submit a list of participant details.

Granting permission to proceed

Note: Resource CSE2-CC Checklist for assessing a safety plan is provided to assist you in this process.

- I have received and assessed the information required in relation to this program.
- I am satisfied that this program is appropriate to be given permission to proceed within our organisation.
- On behalf of the organisation I grant permission for this program to proceed.

Name of Coordinator: _____

Signature: _____

Date: _____



Child registration template

Resource Code CSE2-RR-UCAQ

This template is provided to assist in constructing a registration form for a child attending your program. Some of the issues included need to be modified to suit your context, your location and the specifics of your program.

Name of program: _____

Date/s of program: *From* _____

To _____

It will be great to see your child join in the activities we have planned. In order for us to provide the best level of care while your child is under our supervision, we require that you fill out and return the registration form below. This form only needs to be filled out once per family. The information provided below will be treated confidentially within our team.

Registration Form

Personal and contact details

Child's Given name	Surname	M/F	Date of Birth

Address: _____

Do you consent to the appropriate use by us of photographs taken on the program that include your child? (For example, inclusion in our newspaper or in our brochure or placement on our web page.) ☐ Yes ☐ No

Safety and care details

In the case of an emergency, please list the phone numbers where you and another trusted adult may be contacted during the course of the program.

Name	Relationship to child	Phone numbers

Are there any medical or psychological conditions which require special attention that we should know about e.g. diabetes, asthma, allergy to bee-sting, other allergies including food, hearing or sight impairment, ADHD, behaviour issues, formal counselling situations, or any other? Please list below:

Who will collect your child(ren) at the end of the program? Please nominate either yourself or another trusted adult:

Child registration template

name: _____ or name: _____

Your agreement with us

I understand that although the leaders will take all reasonable care to ensure both the comfort and safety of my child, there is still a risk that an accident may occur. I agree to information on this form being stored on the secure Safety Management Online database.

Name of caregiver: _____ Signature: _____

Date _____

Privacy Collection Statement

We collect your personal information to enable us to further our mission, respond to your request and maintain contact with you. We may also collect sensitive information about you. You give us your explicit informed consent to our exchanging your information with any part of the UCAQld and any third party service provider or professional advisor for these purposes, or purposes reasonably related to them and also for any other purpose you have consented to or as authorised by law. If you provide us with personal information about another person, please make sure that you tell that person about this privacy statement. Further information about what personal information and sensitive information is; as well as why and how we collect, hold, use and disclose it; and how you can access your personal information is available in our Privacy Policy which you can obtain from our website www.ucaqld.com.au.



U18 Medical and Personal Information

Resource Code CSE2-MC-UCAQ

Protecting Your Privacy

Protecting your privacy is important to us. The information we seek allows us to manage risk, provide reasonable care and administer your involvement in our program. We are careful to keep your information confidential, and provide it only to those agents acting on behalf of the organisation who need it to enable them to perform their agreed activities (e.g. the First-Aider-In-Charge). You are welcome to contact our office in relation to issues regarding your personal information and for a copy of our Privacy Policy.

We only ask for information that is necessary for the purposes outlined in this statement. In some circumstances, if you don't provide us with all requested information, you could miss the opportunity to be involved in our program.

Name of program: _____

Date/s of program: *From* _____

To _____

It will be great to see your child join in the activities we have planned. In order for us to provide the best level of care while your child is under our supervision, we require that you fill out and return the registration form below. This form only needs to be filled out once per family. The information provided below will be treated confidentially within our team.

Personal and contact details

Child's Given name	Surname	M/F	Date of Birth

Address: _____

Do you consent to the appropriate use by us of photographs taken on the program that include your child? (For example, inclusion in our newspaper or in our brochure or placement on our web page.) ☐ Yes ☐ No

Program Preparation Details

Dietary Requirements:

Does your child have any special dietary requirements? ☐ Yes ☐ No

If so, please list them: (We will endeavour to meet these requirements, and will contact you if necessary)

Can your child swim? (tick one)

☐ No ☐ Fair Swimmer ☐ Good Swimmer

Is your child subject to sleep walking?

☐ Yes ☐ No

Does your child experience bed wetting?

☐ Yes ☐ No

U18 Medical and Personal Information

Safety and care details

In the case of an emergency, please list the phone numbers where you and another trusted adult may be contacted during the course of the program.

Name	Relationship to child	Phone numbers

Information on Relevant Conditions

Are there any conditions which require special attention that we should know about, e.g. hearing or sight impairment, ADD or ADHD, behaviour issues, formal counselling situations, or any other? Please list below:

Medical Information

Please give details of your child’s medical insurance if applicable

Insurance Provider _____ Membership Number: _____

Medicare Number: _____ Number of person on Medicare Card: _____

Expiry Date: _____

Do you have ambulance cover? ☐ Yes ☐ No Health Care Card Number (if applicable): _____

Important: Please note that in regards to non-prescription medications such as paracetamol (e.g. Panadol), it is our policy that leader team members do not provide medications.

Will your child need to take any tablets or other medication during the course of the program? ☐ Yes ☐ No

If yes, please give details: _____

Has your child been taken off medication recently? ☐ Yes ☐ No

If yes, please give details: _____

What is the year of your child’s last tetanus injection? _____

Has your child previously broken/fractured any bones? ☐ Yes ☐ No

If yes, please give details: _____

Specific Medical Conditions

Please indicate if your child has had any of the conditions below. Provide additional details if necessary.

U18 Medical and Personal Information

Condition	In the past	Present	Details: e.g. severity, last injection, treatment	Condition	In the past	Present	Details: e.g. severity, last injection, treatment
Asthma				Hyperactivity			
Appendicitis				Hypo activity			
Bronchitis				Heart Problems			
Chicken Pox				Measles			
Diabetes				Mumps			
Ear Infections				Pneumonia			
Epilepsy				Tonsillitis			
Fits/Convulsion				Allergy – foods			
Faint/Dizziness				Allergy – animal			
Glandular Fever				Allergy – other			

Particular Activities

In attending the program, you consent to your child's participation in a range of general sporting and recreational activities. If potentially risky activities of a specific nature are included, the Team Leader will inform you of these.

Are there any specific activities that you do not wish your child to participate in? ☐ Yes ☐ No

If yes, please give details: _____

Your Agreement with the Organisation

I am aware, in signing this document regarding my child's participation in this program, that certain elements of the program could be physically and emotionally demanding. Furthermore, I understand that certain inherent risks and dangers may exist in the activities in which my child will be participating. I acknowledge that while the organisation and its leaders will make every reasonable effort to minimise exposure to known risks, all hazards and dangers associated with these activities cannot be foreseen or may be beyond the control of the organisation, its leaders and staff. In the event of any emergency where my nominated contact people are unavailable:

1. I authorise the leaders to obtain medical advice and/or assistance which they deem necessary.
2. I further authorise qualified practitioners to administer anaesthetic if required.
3. I accept all operation, blood transfusion and/or anaesthetic risks involved in the event that such procedures are deemed necessary.
4. I accept the responsibility for payment and agree to pay medical, transport and any other related expenses.
5. I confirm that the information contained in this application is true and correct.
6. I agree to inform the leader of any change to these details.

Name of Caregiver: _____

Signature of Caregiver: _____

If other than a parent or guardian, please indicate relationship to child: _____

Date: _____

Resource: Activity Information Level: Team Leader Resource Code: CSE2-MC

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Daily attendance record

Resource Code CSE2-GA-UCAQ

Name of program: _____

Date/s of program: *From* _____

To _____

Team leader overseeing attendance record: _____

Name	Date													
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Resource: Activity Information Level: Team Leader Resource Code: CSE2-GA-UCAQ

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Signim in/out sheet



Hazard / Incident Notes

Original to be retained on Congregation / Organisation records

This form is only intended to be a guide assisting with the collection of basic information in the event of a Hazard being identified or an Incident occurring (further information may be required). It is for internal use only and should not be completed by anyone other than an authorised Church employee, official or representative.

Please refer to <http://ucaqld.com.au/administration/insurance/> and/or <http://personnelservices.ucaqld.com.au/work-health-and-safety/> for full details of appropriate policies/procedures.

If an Incident could result in a Liability claim against the Church, please contact UC Insurance by **phone**: 07 3377 9725 or by **email** insurance@ucaqld.com.au

If an Incident could result in a Workers' Compensation claim against the Church, please contact the Synod Workplace Health and Safety Resource Advisor by **phone** 07 3377 9729 or by **email** health.safety@ucaqld.com.au

Definitions

Incident: Any event that gives rise to personal injury and / or damage to property.

Hazard: Any physical condition that exists on the property that has the potential, if left unchanged, to cause personal injury and/or damage to property.

Report number _____

Congregation/organisation name: _____

Address of property where hazard located or incident happened: _____

Reported by

Surname _____ Given names _____

Address _____

Contact phone number _____

Hazard details [complete this section only if no injury or property damage has occurred]

Describe the hazard that exists, including its precise location. (eg. Loose handrail on rear stairs of hall) _____

Describe any suggestions to remove hazard _____

Describe any action taken _____

Hazard / Incident Notes

Incident details [complete this section only if an incident causes injury or property damage]

Name of injured person (if applicable) _____

Address of injured person _____

Date of incident _____ time _____

Describe how the incident occurred (list sequence of events preceding incident) _____

Details of injury or property damage sustained (eg. Bruised arm, short circuit to power points) _____

Details of any witnesses to the incident (e.g. Name, address, phone number) _____

Details of subsequent events (e.g. Treatment given, name of doctor, name of hospital) _____

Declaration I hereby declare the information provided above is true and correct

Signed _____ date _____

Investigation [complete under the direction of the responsible officer]

Details of investigation (attach sheet if necessary with additional details) _____

What corrective action was identified? _____

Who is responsible for completing the corrective action? _____

Target completion/or review date _____

Signed responsible officer _____ date _____

Date corrective action completed _____

Signed responsible officer _____ date _____

☐ Forwarding to Safety officer _____ date: _____ Signature: _____

☐ Forwarding to Synod _____ date: _____ Signature: _____