



GRACE COMMUNION
INTERNATIONAL

Child Safety Protocol Forms



March 2019

Forms

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People

Form	Descriptions	Page
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PPL4f	Personal Medical Information - Family To be completed by families with young people attending in youth ministry programs.	9
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PPL5	Volunteer Agreement This form addresses what is expected by all volunteers with regards to Code of Conduct, their understanding of the Child Safety Policy, and our Duty of Care. Volunteers will also have the opportunity to clarify their roles and responsibilities in regards to specific activities they will be engaging in.	18



Volunteer Application for Youth Ministry

(To be completed by volunteers serving on a regular basis)

Confidential: The Grace Communion International Ltd is committed to protecting the privacy of all individuals who seek employment with us. The personal information collected by us is used or disclosed only for the purpose of processing your application.

Personal Details: Part 1

Full Name				
Preferred Name		Male/Female	Date of Birth	
Address				
Suburb			Postcode	
Phone	B		H	
Mobile		Email Address		
Are you a member of this church?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	How long have you attended?	
If no, in what capacity do you wish to serve?				

Part 2 (Complete if you will drive a car as part of your volunteer services.)

Drivers Licence Number	Church Representative fill in	State of issue	
Expiry Date		Class	
Do you have any restrictions on your driver licence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, please note:			
Have you been in a motor vehicle accident while driving in the last 5 years?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please write down this question on a separate piece of paper, and describe each accident separately.			
Have you been convicted of any traffic offences (other than parking) in the last 5 years?			
Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please write down this question on a separate piece of paper, and describe each conviction separately.	
All Volunteer drivers asked by program organisers to transport participants must have vehicles with comprehensive insurance cover.			

Employment History

Are you 18 years of age or older?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Have you ever been charged or convicted of, or pleaded guilty of no contest to a crime other than a minor traffic violation, or are you now under charges for any criminal offence?			
Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please write down this question on a separate piece of paper, and explain fully.	
What do you believe are your gifts, talents and abilities that may be especially suited to this ministry?			
Please list any previous opportunities you have had volunteering in your ministry of interest.			
Organisation			
Type of involvement			
Contact		Length of Service	
Organisation			
Type of involvement			

Contact		Length of Service	
Organisation			
Type of involvement			
Contact		Length of Service	
Organisation			
Type of involvement			
Contact		Length of Service	
Please list any additional training or experience you have had that qualifies you for the position you wish to volunteer for, including any professional licence or certification. Please attach an additional page if you wish to make additional comments regarding your background.			
Ongoing training is a vital part of any ministry and successful applicants will be required to participate in recommended training. Would you be willing to attend training events?			
			Yes <input type="checkbox"/> No <input type="checkbox"/>

Referee Contact Details

Please provide the names of 3 referees we can contact regarding this application.	Name			
	Phone		Contact Date	Office Use
	Name			
	Phone		Contact Date	Office Use
	Name			
	Phone		Contact Date	Office Use

Volunteers Declaration – Read Carefully

I declare that the details provided by me herein and the documentation shown to the church's representative providing my identity are true and correct.

I understand that the possession of the required government approval to work with children does not automatically make me suitable for service in Children's Ministry at this church.

I agree to submit to the leadership of Name of Church, and its relevant Constitution, Bylaws and policies in a manner consistent with biblical teaching.

I understand if I do not poses the required current government approval to work with children I will not be accepted as a volunteer.

I authorise churches, organisations or individuals listed to supply you with information which may influence my application for work in the Children's Ministry of this church.

I have read and understood the above provisions and agree to them.

Volunteer's signature		Date	
-----------------------	--	------	--

Witnessed by	Name of church representative	Signature	
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To be completed by Church Representative

Current WWC Check	Yes <input type="checkbox"/> No <input type="checkbox"/>	Renewal date	
SA Police Check	Yes <input type="checkbox"/> No <input type="checkbox"/>	Renewal date	
	<input type="checkbox"/> <input type="checkbox"/>		
Volunteer Application	Successful/Unsuccessful	Date advised	



Team Leader Ministry Description

This description should be developed by the Local Pastor/Pastoral Team in cooperation with the National Youth Ministry Coordinator.

Ministry:	Period of involvement:
Coordinator of this Ministry:	Reviews:
Team Leader:	Other Information:
Special Skills required:	
General Expectations Youth Ministry Team Leaders will: <ul style="list-style-type: none">• Be members in good standing of Grace Communion International.• Have an established record of service and commitment to the fellowship.• Be in full agreement with the denominations Statement of Beliefs and Code of Ethics for Elders.• Commit to this role for an agreed timeperiod.• Maintain regular contact with the youth and their families in the local congregation.• Develop positive working relationships with your Local Advisory Council.• Ensure that their team members are properly screened and trained to serve in youthministry.• Ensure that all programming is in line with our Child Safety Protocols.• Complete and submit all required program documentation prior to an activity within the specified time frames.• Submit Activity Information and Risk Management forms to the National Youth Ministry Coordinator within the specified time frames.• Complete Emergency Report forms i.e. Accident, Incident, and Harm, within the specified time frames.• Submit a quarterly calendar of events with a brief update on the status of your particular ministry to National Youth Ministries Coordinator.• Participate in Team Leader development programs	
Specific Expectations The following represents the major responsibilities that are specific to your role. <ul style="list-style-type: none">• _.• _.• _.• _.• _.• _.	

Team Leader's Signature: _____ Date: _____

Pastoral Representative Signature: _____ Date: _____



Working With Children (WWC) Check Register - All states

[illegible]



Blue Card (BC) Register - QLD

Child Related Volunteer Workers						
Volunteer Name	BC Number	Sighted Volunteer's BC (Y/N)	Application Pending (Y/N)	Checked by & Date	Expiry Date	Is CCYPCG Reassessing? (Y/N)

Personal Medical Information

Family



Confidential

Grace Communion International Ltd is committed to protecting the privacy of all individuals who participate in our activities. The personal information collected by us is used or disclosed only to prevent risk and to provide reasonable care to you while you participate in church activities. In an effort to give the best care to those entrusted to us, we would appreciate it if this form could be completed and returned to us prior to the next activity. To maintain up-to-date information we ask to be advised if any of the following details change.

Personal Details			
Family Name(s)			
Address		Postcode	
Phone		Mobile	
Email Address			

Parent(s)/Guardian(s) Names	Preferred Name (if different)	Gender	Date of Birth
		M <input type="checkbox"/> F <input type="checkbox"/>	
		M <input type="checkbox"/> F <input type="checkbox"/>	
Name of each child	Preferred Name (if different)	Gender	Date of Birth
		M <input type="checkbox"/> F <input type="checkbox"/>	
		M <input type="checkbox"/> F <input type="checkbox"/>	
		M <input type="checkbox"/> F <input type="checkbox"/>	
		M <input type="checkbox"/> F <input type="checkbox"/>	

Emergency contact details	Contact 1	Contact 2
Contact Name		
Relationship		
Business Hours Phone		
After Hours Phone		
Mobile Phone		

Medical Details

Allergies in the family: (e.g. Bee stings, penicillin, aspirin)

Family Member:	Allergy/Allergies:

Dietary requirements of the family: (e.g. Lactose intolerant)

Family Member:	Dietary Needs:

What was the year of each family member's last tetanus booster?

Family Member:	Year:

Are any family members taking medication at this time?

Yes ☐ No ☐

If Yes, please specify below:

Family Member:	Medication:	Times when taken:	Dosage:

Are there any other conditions that require special attention that we should know about?
(e.g. hearing or sight impairment, ADD or ADHD, behaviour issues, formal counselling, etc)

Family Member:	Condition(s):

Please rate your swimming ability:

Family Member:	Poor <input type="checkbox"/>	Fair <input type="checkbox"/>	Good <input type="checkbox"/>
Family Member:	Poor <input type="checkbox"/>	Fair <input type="checkbox"/>	Good <input type="checkbox"/>
Family Member:	Poor <input type="checkbox"/>	Fair <input type="checkbox"/>	Good <input type="checkbox"/>
Family Member:	Poor <input type="checkbox"/>	Fair <input type="checkbox"/>	Good <input type="checkbox"/>
Family Member:	Poor <input type="checkbox"/>	Fair <input type="checkbox"/>	Good <input type="checkbox"/>
Family Member:	Poor <input type="checkbox"/>	Fair <input type="checkbox"/>	Good <input type="checkbox"/>

Is there any family member that can not take Paracetamol?

(Volunteers will not provide paracetamol or any other non-prescription medications.)

Has anyone in your family previously broken or fractured any bones?

Family Dr. Details

Name of Dr.:

Address:

Phone Number:

Specialist Details (if required):

Insurance

Policy Holder's Name/Number:

Medicare Numbers:

Name	Number	Number on Card

Do you have ambulance cover? Yes ☐ No ☐ Number:

I/we hold current driver's licences and are available to drive children/youth to various activities when needed in a car that is roadworthy and carries full comprehensive insurance. Yes ☐ No ☐

Children often appreciate the opportunity to be in contact with this ministry. Do you approve of your contact details being made available within the church through a directory (or similar) for the informing of upcoming events and ongoing communication between children/youth? Yes ☐ No ☐

I/We understand that every effort will be made to provide a safe environment for my/our family to participate in. However, in signing this form I/we authorise the leaders, in the event of an emergency, to obtain at my/our expense, any medical, ambulance or similar services considered necessary by the leaders.

Signature of Parent/Guardian

Name		Signature		Date	
------	--	-----------	--	------	--

Photo Release: By my signature below, I/we also hereby give consent and permission to the program organisers to use any photos and videos taken of campers and staff in their publications or those of their sponsor, Grace Communion International (Aust) Ltd. Picture(s) may be used on the web site or in other video promotions created by Grace Communion International.

Signature of Parent/Guardian

Name		Signature		Date	
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Personal Medical Information

Over 18

Confidential

The Grace Communion International Ltd is committed to protecting the privacy of all individuals who participate in our activities. The personal information collected by us is used or disclosed only to prevent risk and to provide reasonable care to you while you participate in church activities. In an effort to give the best care to those entrusted to us, we would appreciate it if this form could be completed and returned to us prior to the next activity. To maintain up-to-date information we ask to be advised if any of the following details in this form change.

Personal Details			
First Name		Last Name	
Preferred Name		M F	Date of Birth
Address	<input type="checkbox"/> <input type="checkbox"/>	Suburb	
Postcode		Mobile	
Phone		Email	

Emergency contact details	Contact 1	Contact 2
Contact Name		
Relationship		
Business Hours Phone		
After Hours Phone		
Mobile Phone		

Medical Details

Allergies:(e.g. Bee stings, penicillin, aspirin)

Dietary requirements: (e.g. Lactose intolerant)

What was the year of your last tetanus booster?

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

Please rate your swimming ability: Poor ☐ Fair ☐ Good ☐

Can you take Paracetamol? Yes ☐ No ☐

Volunteers will not provide paracetamol or any other non-prescription medications.

Are you prone to sleep walking? Yes ☐ No ☐

Have you previously broken or fractured any bones? Yes ☐ No ☐

Do you have private medical insurance? Yes ☐ No ☐

Dr. Details

Name of Dr.:

Address:

Phone Number:

Specialist Details (if required):

Insurance

Policy Holder's Name/Number:

Medicare Number:

Number on card:

Do you have ambulance cover? Yes ☐ No ☐ Number:

I hold a current driver's licence and am available to drive children/youth to various activities when needed in a car that is roadworthy and carries full comprehensive insurance. Yes ☐ No ☐

Children often appreciate the opportunity to be in contact with this ministry. Do you approve of your contact details being made available within the church through a directory (or similar) for the informing of upcoming events and ongoing communication between children/youth? Yes ☐ No ☐

I understand that every effort will be made to provide a safe environment for me to participate in. However, in signing this form I authorise the leaders, in the event of an emergency, to obtain at my expense, any medical, ambulance or similar services considered necessary by the leaders.

Name		Signature		Date	
------	--	-----------	--	------	--

Photo Release: By my signature below, I/we also hereby give consent and permission to the program organisers to use any photos and videos taken of campers and staff in their publications or those of their sponsor, Grace Communion International (Aust) Ltd. Picture(s) may be used on the web site or in other video promotions created by Grace Communion International Ltd.

Name		Signature		Date	
------	--	-----------	--	------	--



Personal Medical Information

Under 18

Confidential

Grace Communion International Ltd is committed to protecting the privacy of all individuals who participate in our activities. The personal information collected by us is used or disclosed only to prevent risk and to provide reasonable care to your child while participating in church activities. In an effort to give the best care to those entrusted to us, we would appreciate it if this form could be completed and returned to us prior to the next activity. To maintain up-to-date information we ask to be advised if any of the following details change.

Personal Details			
First Name		Last Name	
Preferred Name		M F	Date of Birth
Address			Suburb
Postcode		Mobile	
Phone		Email	

Emergency contact details	Contact 1	Contact 2
Contact Name		
Relationship to Child/youth		
Business Hours Phone		
After Hours Phone		
Mobile Phone		

Medical Details

Allergies:(e.g. Bee stings, penicillin, aspirin)

Dietary requirements: (e.g. Lactose intolerant)

What was the year of your child's last tetanus booster?

Is your child on any medication at this time?

Yes ☐ No ☐

If Yes, please specify below:

Medication:	Times when taken:	Dosage:

Are there any other conditions that require special attention that we should know about?
(e.g. hearing or sight impairment, ADD or ADHD, behaviour issues, formal counselling, etc)

Please rate your child's swimming ability:

Poor ☐ Fair ☐ Good ☐

Is Paracetamol allowed to be taken?

Yes ☐ No ☐

Volunteers will not provide paracetamol or any other non-prescription medications.

Is your child prone to sleep walking? Yes ☐ No ☐
Is your child prone to bed wetting? Yes ☐ No ☐
Has your child previously broken or fractured any bones? Yes ☐ No ☐
Do you have private medical insurance? Yes ☐ No ☐

Family Dr. Details

Name of Dr.:
Address:
Phone Number:
Specialist Details (if required):

Insurance

Policy Holder's Name/Number:
Medicare Numbers:
Number on card:
Do you have ambulance cover? Yes ☐ No ☐ Number:

Custody Details

Is there a current Custody Order regarding this child? Yes ☐ No ☐

Transport - Please respond to the following

I/we ask that my child be collected from the various activities only myself/ourselves or by the following people, unless I/we notify you of prior arrangements that have been made.

Name		Contact Number	
Name		Contact Number	

I/we authorise our child to make his/her own way home e.g. bike, walk, public transport). Yes ☐ No ☐

I/we authorise our child to travel in a car driven by an approved leader or parent who has full comprehensive insurance. Yes ☐ No ☐

I/we hold a current driver's licence and are available to drive children/youth to various activities when needed in a car that is roadworthy and carries full comprehensive insurance. Yes ☐ No ☐

Children and leaders/helpers often appreciate the opportunity to be in contact with children in this ministry. Do you approve of your child's contact details being made available within the church through a directory (or similar) for the informing of upcoming events and ongoing communication between children/youth? Yes ☒ No ☐

I/we understand that every effort will be made to provide a safe environment for my/our child to participate in. However, in signing this form I/we authorise the leaders, in the event of an emergency, to obtain at my/our expense, any medical, ambulance or similar services considered necessary by the leaders.

Signature of Parent(s)/Guardian(s)

Name		Signature		Date	
------	--	-----------	--	------	--

Photo Release: By my signature below, I/we also hereby give consent and permission to the program organisers to use any photos and videos taken of campers and staff in their publications or those of their sponsor, Grace Communion International (Aust) Ltd. Picture(s) may be used on the web site or in other video promotions created by Grace Communion International (Aust) Ltd.

Signature of Parent(s)/Guardian(s)

Name		Signature		Date	
------	--	-----------	--	------	--



Volunteer Agreement

To be completed by all volunteers and helpers regardless of their time commitment or level of responsibility.

Please read the following policy statements before proceeding.

Child Safety Policy Statement

Grace Communion International has a deep concern for the wholeness and wellbeing of each individual. Our church seeks to safeguard the welfare of all people, regardless of age, who come into contact with the Church and its Ministries. It is the responsibility of each individual within the fellowship of the Church to ensure the physical, spiritual, emotional, and sexual safety of our children and young people.

Duty of Care

In the care of children, a duty of care includes the provision of *adequate supervision, safe premises, grounds and equipment*. When a child is engaged in an activity of the Congregation that is designed for children, it is the *responsibility of all volunteers* to ensure that adequate safety measures have been taken.

- Volunteers need to protect children from injury or from being injured by others.
- Volunteers have a duty to take reasonable care to see that neither their acts nor their omissions cause damage or injury to other people.
- Volunteers need to maintain a safe environment and to refrain from doing things that may lead to a child's injury.

In this way, volunteers will avoid breaching the duty of care.

Code of Conduct

Continued service in Youth Ministry is subject to satisfactory standards of conduct being maintained. Volunteers must operate in accordance with the denominations Statement of Beliefs and Code of Ethics for Elders. Volunteers are asked to wear attire that is modest and suitable to their particular activity or ministry. Involvement in Youth Ministry activities prohibits intoxication or possession of intoxicants, sexual misconduct, use or possession of illegal drugs, stealing, smoking, foul language, disorderly conduct, practical jokes, malicious destruction of property, or refusal to co-operate with other volunteers or the Team Leader. Volunteers found to have willfully damaged church property will be asked to reimburse the cost of repairs or to replace the damaged item(s). Failure to uphold the policies, procedures and guidelines that support Youth Ministry activities will result in immediate dismissal.

Guidelines & procedures for the activities I am participating in:

A)

Program/Activity: _____
Duration: _____

Guidelines & Procedures:

- _____
- _____

B)

Program/Activity: _____
Duration: _____

Guidelines & Procedures:

- _____
- ○ _____
- ○ _____

C)

Program/Activity: _____
Duration: _____

Guidelines & Procedures:

- _____
- ○ _____
- ○ _____

I, _____ have read the attached Grace Communion International (Aust) Ltd child protection policy and protocols. Having read the document, I understand the churches commitment to establishing and maintaining a safe, friendly environment for children and young people.

I agree to uphold the Child Safety Protocols and Code of Conduct, and to act in accordance with my Team Leader and follow the guidelines I have been given to fulfill my responsibilities as outlined above.

Signed: _____
Date: _____

Witness: _____
Date: _____

Program

Forms	Description	Page
PGM1	Activity Information This form captures all of the planning entailed in organising a youth ministry activity. This form must be sent to the NYMC at least 2 weeks prior to an event.	20
PGM2	Risk Management Planning This form provides planners with the opportunity to work through major risk associated with a particular program. This form must be sent to the NYMC at least 2 weeks prior to an event.	22
PGM3	Participant Registration All participants, especially underage participants, must return one of these forms completed and signed by their primary care give prior to their involvement in the specified program.	23
PGM4	Transport Register This register should be completed along with form PGM1 prior to the running of any program requiring the transport of participants.	25
PGM5	Daily Attendance This form is best suited to keeping attendance for Children's Church and the like.	26
PGM5b	Daily Attendance This form will be useful for taking attendance at teen activities.	27
PGM6	Accident Report Must be completed when an accident occurs and a copy sent to the NYMC within 1wk following a program.	28
PGM7	Incident Report Must be completed when an incident occurs and copy sent to the NYMC within 1wk following a program	30
PGM8	Harm Report Section A is completed by the person reporting suspicions or allegations of harm within 24hr of being notified. A copy of this form and section b must be sent to the NYMC as soon as practical.	32
PGM8b	Harm Report Section B is completed by the Local Pastor or Designated person within 24 hrs of notification of suspicions or allegations of harm. A copy of this form and Section A must be sent to the NYMC as soon as practical.	33
PGM9	Keeping U Informed (Optional use)	34



Activity Information

Name of Program: _____ Date: / / to / /

Site/Base Location of event: _____

Starting time: _____ Finish time: _____ Age of youngest participant: _____

Person in charge of event: _____ Contact Phone: _____

Alternate contact person: _____ Contact Phone: _____

Expected group size: Volunteer team M _____ F _____
 Participants M _____ F _____
 (Attach a participants list if known)

☐ **Note:** I have checked and there are specific guidelines for this activity. If specific guidelines apply they must be consulted before completing this form.

Personnel Qualifications and experience (if applicable)

Instructors	Qualifications	Experience

Instructors in charge must have completed necessary training, and hold required qualification.

General Considerations:

Yes No N/A

Is there a first-aid kit on-site (including icepacks) for use in an emergency?

Is there a first aid trained person on-site in the event of an emergency?

Is there an operational mobile phone for use in an emergency?

Playing surfaces inspected for holes, depressions, sharp objects etc?

Goal posts, nets or other sport structures in sound / sturdy / stable condition?

Have spectator areas been inspected and cleared of glass or other sharps?

Toilet areas open?

Toilet areas acceptable and clean for use?

Toilet areas inspected for sharps / needles and syringes?

Activity boundaries explained to all participants (where they can / can't go)?

Are the boundaries of any fields close to roadways or waterways?

Any child under 16 (participant or spectator) without a parent or guardian present?

No suspicious persons about?

Has a referee / umpire / person in charge been appointed to control game?

If a tournament, is there a competition supervisor with overall responsibility?

If money is collected, are there procedures in place for security of money?

Is there any heavy lifting associated with equipment?

If indoors, is there someone with the means to wipe up any spillages on floors?

In games, has suitability of attire, fingernails, jewellery etc been addressed?

If outdoors, is there a shaded area for those who may become overheated?

Is there adequate availability of water or have people been warned to bring own?

[illegible]



Emergency Phone Contacts:

Police Station Location: _____ Contact number: _____
Doctor's Location: _____ Contact number: _____
Hospital Location: _____ Contact number: _____
Other useful locations: _____ Contact number: _____

First Aid Coordinator: _____ **Level of Training:** _____

Weather considerations:

	Yes	No	N/A
Is hot weather greater than 30° expected during this activity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is rain or heavy wind expected during this activity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are electrical storms expected during this activity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If "yes" how will the safety of participants and spectators be managed?

Food / Catering considerations:

Is catering of perishable foods/cooking involved in this activity? Yes ☐ No ☐

If "yes" how will food safety, cooking issues be managed? e.g. keep food below 5° or above 60° (food not left standing in open etc)

Any cooking areas, hot water, electrical outlets, gas bottles – what precautions will be taken?

Other issues noted at site that may present a risk for participants or spectators:

Signed by activity organiser: _____



Risk Management Planning Sheet

To be completed when planning any youth ministry program to assess every activity. This form is submitted with your Activity Planning form.

Program Name: _____ Date of Program: _____

[illegible]

Code: L – Low, M – Medium, H – High, N – Not done, D – Developing, I – Implementing



Program Name: _____

Venue: _____

Dear Parent/Caregiver,

Please complete this form for each young person and team members will be available to register participants upon their arrival.

Personal Details

Surname		First Name / s	
Home Address			
Home Number	()	Mobile Number	
Email Addresses			
Birth date		Age	

Emergency Contact Person (someone not attending)

Surname		Given Names	
Address			
Home Number		Mobile Number	
Relationship			

Medical Information

(If the participant has not filled in a medical form this year please provide the following information)

Medicare Number: _____ Family Member Number on Card: _____

Please detail below any health conditions, allergies, medication etc we need to be aware of:

Attendance

Tick the days you are planning for Child to attend:

D Full Week

D Saturday D Sunday D Monday D Tuesday D Wednesday D Thursday D Friday

Agreements and Releases

Privacy: Information disclosed for this program will be used solely to administer applicant's attendance. Sensitive information, such as personal health details, will be disclosed only to Camp leaders and, in the event of an emergency, to medical practitioners.

Code of Conduct: Continued participation in this program is subject to satisfactory standards of conduct being maintained. Participants are asked to wear attire that is modest and suitable to their particular activity or ministry. Program policy prohibits intoxication or possession of intoxicants, sexual misconduct, use or possession of illegal drugs, stealing, smoking, disorderly conduct, practical jokes, violence, malicious destruction of property, or refusal to cooperate with program leaders. Participants found to have wilfully damaged program equipment will be asked to reimburse the cost of replacement or repairs. Failure to uphold the rules of this program will be grounds for dismissal. If such should occur, the participant involved will be sent home at his/her parent's/own expense. Dismissal is very rare and we hope this will prove to be totally unnecessary.

Applicant Signature	Date	Parent/Guardian Signature	Date

Photo Release: By my/our signature(s) below, I/we also hereby give consent and permission to the program organisers to use any photos and videos taken of campers and staff in their publications or those of their sponsor, Grace Communion International (Aust) Ltd. Picture(s) may be used on the web site or in other video promotions created by Grace Communion International (Aust) Ltd.

Applicant's signature	Date	Parent's / Guardian's signature	Date

Payment

D Paid

D Not Paid. Will pay by: Date _____

Transport

Please indicate if you:

D require transport to	Day / Time	Location	No of people
D can provide transport to	Day / Time	Location	No of people
D require transport from	Day / Time	Location	No of people
D can provide transport from	Day / Time	Location	No of people



Transport Register: Driver and Vehicle Listing

Program: _____

Date: _____

Departure Location: _____

Destination Location: _____

Length of travel: _____

Distance (km's) _____

Travel time (driving time with no stops) _____

Number of rest breaks required (every two hours) _____

All drivers asked by program organisers to transport participants have vehicles with comprehensive insurance cover.

Drivers:

Name of Driver	Licence #	Vehicle Rego.	Vehicle Description	Insurer	Load	Contact Number	Driver Signature



Daily Attendance

Program Name: _____ Date: _____ to _____

Team Members overseeing program: 1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

Note: Parents/Guardians, please write your initials in the **In** box when dropping your child off and in the **Out** box when picking your child up, thank you.

	Participant Name	Date													
		In	Out	In	Out	In	Out	In	Out	In	Out	In	Out	In	Out
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															
12															
Volunteers: Please initial each day you are on															



Daily Attendance

Program Name: _____ Date: _____ to _____

Team Members overseeing program: 1. _____
2. _____
3. _____

Participant Name		Date							
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
Volunteers: Please initial each day you are on.									

Accident Report Form



Program Details					
Name of Ministry Group					
Ministry Leaders Name				Phone	
Location of Program		<input type="checkbox"/> Church Property	<input type="checkbox"/> Camp Site		<input type="checkbox"/> Private Property
<input type="checkbox"/> Other		If other please advise			
Address					
Suburb		State		Country	

Accident Details					
Location where accident occurred (if different to above)					
Address					
Suburb		State		Country	
Date		Time		AM / PM	

Details of injured child					
Full Name				Male / Female	
Date of Birth		Address			
Suburb		Postcode		Phone	

Description of Accident					
Did the accident occur travelling to or from an activity?				Yes No	
Did the accident occur during an authorised activity / in normal program hours				Yes No	
If yes, was the activity supervised?		Yes No		Supervisor's name	
If yes, what activity was in progress at the time of the accident?					
Please write a description of how the accident happened (to the best of your knowledge) including relevant information such as warning instruction prior to the activity, weather conditions, and safety equipment being used.					
Were there witnesses to the accident?				Yes No	
If yes, then please obtain the following:					
Witness' details					
Name					
Address					
Suburb				Postcode	
Phone		HN		BN	
Mobile				Email	
Please ask witnesses to write down what they saw and attach it to this report.					



Accident Report Continued:

Nature of injury								
<input type="checkbox"/> Abrasion	<input type="checkbox"/> Amputation							
<input type="checkbox"/> Bite	<input type="checkbox"/> Bodily fluid spill							
<input type="checkbox"/> Breathing difficulty	<input type="checkbox"/> Bruise							
<input type="checkbox"/> Burn	<input type="checkbox"/> Choking							
<input type="checkbox"/> Concussion	<input type="checkbox"/> Convulsions							
<input type="checkbox"/> Crush / Impact injury	<input type="checkbox"/> Cut							
<input type="checkbox"/> Dislocation	<input type="checkbox"/> Discolouration							
<input type="checkbox"/> Electrical	<input type="checkbox"/> Fracture							
<input type="checkbox"/> Laceration	<input type="checkbox"/> Pain							
<input type="checkbox"/> Poisoning	<input type="checkbox"/> Puncture							
<input type="checkbox"/> Rigidity	<input type="checkbox"/> Scratch							
<input type="checkbox"/> Shock	<input type="checkbox"/> Splinter							
<input type="checkbox"/> Sprain	<input type="checkbox"/> Sting							
<input type="checkbox"/> Strain	<input type="checkbox"/> Swelling							
<input type="checkbox"/> Tenderness	<input type="checkbox"/> Other							
If other please describe:						Location of injury		
Observations Time <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Consciousness <input type="text"/> Fully <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Drowsy <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Out. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Breathing <input type="text"/> Normal <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rapid <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Erratic <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> First aid action taken <input type="text"/> <input type="checkbox"/> First aid administered, continued attendance <input type="checkbox"/> First aid administered & went home <input type="checkbox"/> Ambulance <input type="checkbox"/> Hospital by <input type="text"/> Ambulance / car <input type="text"/>						<input type="checkbox"/> Head		<input type="checkbox"/> Face
						<input type="checkbox"/> Ear		<input type="checkbox"/> Eye
						<input type="checkbox"/> Nose		<input type="checkbox"/> Mouth
				<input type="checkbox"/> Teeth		<input type="checkbox"/> Neck		
				<input type="checkbox"/> Shoulder		<input type="checkbox"/> Chest		
				<input type="checkbox"/> Upper Back		<input type="checkbox"/> Lower Back		
				<input type="checkbox"/> Arm		<input type="checkbox"/> Elbow		
				<input type="checkbox"/> Forearm		<input type="checkbox"/> Wrist		
				<input type="checkbox"/> Hand		<input type="checkbox"/> Finger		
				<input type="checkbox"/> Abdomen		<input type="checkbox"/> Pelvis		
<input type="checkbox"/> Groin		<input type="checkbox"/> Thigh						
<input type="checkbox"/> Knee		<input type="checkbox"/> Leg						
<input type="checkbox"/> Ankle		<input type="checkbox"/> Foot						
<input type="checkbox"/> Toe		<input type="checkbox"/> Other						
Contacted <input type="checkbox"/> Parents / Guardians By <input type="text"/> When <input type="text"/> <input type="checkbox"/> Ambulance By <input type="text"/> When <input type="text"/> <input type="checkbox"/> Police / Emergency Services By <input type="text"/> When <input type="text"/> <input type="checkbox"/> Church Leadership By <input type="text"/> When <input type="text"/>								
Expenses incurred(please supply receipts) \$ <input type="text"/> By <input type="text"/> Name of person completing this form <input type="text"/> Date <input type="text"/> Phone <input type="text"/> H <input type="text"/> B <input type="text"/> Mobile <input type="text"/> Email <input type="text"/> Address <input type="text"/> Please attach a copy of all paperwork given to injured party for future reference.								



Incident Report Form

Program details			
Name of Ministry group			
Ministry leaders Name		Phone	
Location of Program	<input type="checkbox"/> Church property	<input type="checkbox"/> Camp site	<input type="checkbox"/> Private property
If other please advise:			
Address			
Suburb		State	Country

Incident details			
Location where incident occurred (if different to above)			
Address			
Suburb		State	Country
Date		Time	AM / PM

Details of child/children involved			
Full Name		Male / Female	
Date of Birth		Address	
Suburb		Postcode	Phone
Full Name		Male / Female	
Date of Birth		Address	
Suburb		Postcode	Phone
Full Name		Male / Female	
Date of Birth		Address	
Suburb		Postcode	Phone

If additional children involved then please attach details to report.

Type of Incident (Please tick appropriate items)			
<input type="checkbox"/> Accident	<input type="checkbox"/> Explosion	<input type="checkbox"/> Property damage	
<input type="checkbox"/> Alarm	<input type="checkbox"/> Fire	<input type="checkbox"/> property lost	
<input type="checkbox"/> Arrest of Person	<input type="checkbox"/> Hazard	<input type="checkbox"/> Property Stolen	
<input type="checkbox"/> Assault	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Storm damage	
<input type="checkbox"/> Brawl	<input type="checkbox"/> Medical - injury	<input type="checkbox"/> Threat – bomb	
<input type="checkbox"/> Break and enter	<input type="checkbox"/> Medical – non injury	<input type="checkbox"/> Threat - violence	
<input type="checkbox"/> Customer feedback	<input type="checkbox"/> Motor vehicle break down	<input type="checkbox"/> Traffic issues	
<input type="checkbox"/> Dispute	<input type="checkbox"/> Motor vehicle theft	<input type="checkbox"/> Other -	
<input type="checkbox"/> Electrical blackout	<input type="checkbox"/> Suspicious person	<input type="checkbox"/>	
<input type="checkbox"/> Equipment failure	<input type="checkbox"/> Suspicious object	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Description of Incident			
Did the incident occur during an authorised activity/normal program hours?			Yes No
If yes, was the activity supervised?		Yes No	Supervisor's name
If yes, what activity was in progress at the time of the incident?		<input type="checkbox"/>	<input type="checkbox"/>
Please write a description of the incident (to the best of your knowledge) including relevant information such as warnings given and what response was taken.			

Incident Report Continued:

Were there witnesses to the incident?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes then please obtain the following:	
Name					
Address					
Suburb				Postcode	
Phone	HN			BN	
Mobile				Email	
Please ask witnesses to write down what they saw and attach it to this report.					

Contacted (If Necessary)					
<input type="checkbox"/> Parents / Guardians	By			When	
<input type="checkbox"/> Police / Emergency Services	By			When	
<input type="checkbox"/> Church Leadership	By			When	

Name of person completing this form					
Name			Signature		
Date		Phone	H		B
Mobile				Email	
Address					

Follow up action taken (If necessary)			
By			When

Harm Report Form



The Harm Report is comprised of two sections:

Section A is to be completed by the person/persons who suspect harm has occurred or who received an allegation of harm.

Section B is to be completed by the Pastor or another Designated Person who reports the alleged harm to the relevant authorities.

Section A			
Name	Team Leader		Complaint? Yes <input type="checkbox"/> No <input type="checkbox"/>
Address			
Phone		Mobile	
Relationship to the child			
Details of additional person reporting			
Name			Complaint? Yes <input type="checkbox"/> No <input type="checkbox"/>
Address			
Phone		Mobile	
Relationship to the child			
Details of alleged victim (photocopy for each alleged victim)			Complaint? Yes No
Childs name		Age	Male <input type="checkbox"/> Female <input type="checkbox"/>
Address			
Phone		Mobile	
Details of accused (if known)			Complaint? Yes No
Name			Male <input type="checkbox"/> Female <input type="checkbox"/>
Address			
Phone		Mobile	
Relationship to the child			
Details of complainant (if different from above)			
Name			Male / Female
Address			
Phone		Mobile	
Relationship to the child			
Record what suspicions or allegations have been raised: (include times/dates and complainant's own wording).			
Person / group notified	Contact person	Contact time	Contact date
Church leader		AM / PM	
Instructions received			
Section A completed by	Signature		Date
And	Signature		Date



Harm Report Form

The Harm Report is comprised of two sections:

Section A is to be completed by the person/persons who suspect harm has occurred or who receive an allegation of harm.

Section B is to be completed by the Pastor or another Designated Person who reports the alleged harm to the relevant authorities.

Section B			
Church			
Name		Position	
Address			
Phone		Mobile	
Relationship to the child			
Relationship to the accused			
Record what suspicions or allegations have been raised (including times/dates and complainant's own wording).			
Persons / Groups notified	Contact Person	Contact time	Contact date
Complete as required			
Police (local)		AM / PM	
		AM / PM	
Instructions received			
Department of Families		AM / PM	
		AM / PM	
Instructions received			
Crisis Care Unit		AM / PM	
		AM / PM	
Instructions received			
GCI Head Office		AM / PM	
		AM / PM	
Instructions received			
Response Team			
Response Team Leader		Contacted	AM / PM
Section B completed by	Signature	Date	
And	Signature	Date	



Keeping U Informed!

Note: We seek to support you in the following ways: (adjust to reflect your program)

Wednesday night small/home group (13's to 18's)

Meeting at John Smith's house at 12 My Place Brisbane 4001 Ph 07 3210 0123

Commencing at 7:30pm and concluding at 9:30pm

Friday night after school club (years 5-7)

Meeting at the church at 21 Their Place Brisbane 4001 Ph 07 3987 7893

Commencing at 4:15pm and concluding at 5:30pm

Youth Group

Saturday night (13's to 18's)

Meeting at the church at 21 Their Place Brisbane 4001 Ph 07 3987 7893

Commencing at 7:00pm and concluding at 10:00pm

Any changes to our regular activities will be shown in the program for each month/term. While every endeavour will be made to start and conclude on time, there may be occasions when late changes may occur. We will do our best to contact you to avoid any inconvenience.

Alternatively the following leaders can be contacted on their relevant mobile phones:

John Smith 0410 123 456 Team Leader

Sue Smith 0410 123 456

Jenny Jobbins 0412 987 654

We value your support and would encourage any feedback on how we can further assist you and your child. For more information or comments, please contact those below or refer to the contact details on the program.

John Smith 07 3210 0123 Mob 0410 123 456 Email woohoo@yahoo.com

Pastor Rex Stunt 07 5567 7765

God bless

Our Church Ministry Team

Property

Forms

Descriptions

Pages

PTY1

Annual Safety Checklist

This form will assist local congregations with their yearly safety audit.

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Church:	Date:		
Conducted by:			
Building, floors, aisles, stairs and landings	Yes	No	N/A
Building in good condition			
All aisles are clear			
Free of slip, trip, fall hazards			
Stairs free of worn or broken treads			
Handrails in good repair			
Non skid strips on stairs in good condition			
Storage	Yes	No	N/A
No storage in traffic areas			
Stacks stable with good base			
No rubbish or unwanted material			
Flammable and hazardous items correctly stored			
Electrical power	Yes	No	N/A
Electrical equipment, plugs, sockets and switches in good order			
Free of double adapters/piggy back plugs			
All lights adequate and operational			
Residual Current Devices installed and maintained			
First aid and telephone	Yes	No	N/A
First aid kits clearly identified and appropriately stocked			
Names of qualified first aiders displayed			
Telephone is in an accessible location			
Emergency Response / Fire Protection	Yes	No	N/A
Evacuation procedures clearly displayed			
Fire extinguishers appropriate to material			
Extinguishers readily available and properly mounted			
Exits and exit signs adequately illuminated			
Exits & fire doors in good repair and unobstructed internally/externally			
Installed smoke alarms in working order			
Car park/outdoor areas/plants and trees	Yes	No	N/A
Clean and free from rubbish			
Even surfaces, no holes			
Free of grease and oil patches			
Vehicle traffic ways clearly marked and lit			
Free of dense shrubbery obstructing vision			
Poisonous plants and trees replaced			
Equipment	Yes	No	N/A
Ladders serviceable, no broken rungs/defects and used correctly			
Current OH & S policies and procedures displayed on notice boards			
Safety signs clearly displayed where necessary			
Kitchen appliances properly maintained			
Playground equipment and toys are safe and in good working order			
Vehicles properly maintained and insured			

Left blank