



Soul Survivor, Unit 2, Paramount Industrial
Esate, Sandown Road, Watford, WD24 7XF

t: 0870 054 3331

f: 0870 054 3334

e: teams@soulsurvivor.com

w: www.soulsurvivor.com/uk

CHILD PROTECTION INFORMATION

Our Values

Worshipping God in the way we live our lives, in thankfulness to him and through songs of worship.
Relationships with others. To act with integrity and aim to build others up
Teaching - Bible based life styles.
Prayer ministry.
Teachable attitudes.
Culturally relevant evangelism.
Unity in the heart of all those involved.

Ministry Times

People in the safety of ministry times will share some of their deepest hurts including abuse. Any allegation of abuse must be taken seriously and Soul Survivor has a duty to report it to the relevant agencies.

Guidelines

If a person tells a team member about abuse:
Listen carefully, but don't ask questions.
Never promise to keep it a secret
Reassure the young person that they have done the right thing
Pass on the information to your team leader
Write up what you have been told afterwards using the person's own words and give to a member of the welfare team.
All that is shared is Strictly Confidential

Abuse Covers:

Physical Injury

Any injury to a child or young person caused by a family member or other person with responsibility for their care.

Neglect

A failure to meet a child's or young persons needs for food, warmth, protection and care.

Emotional Abuse

The persistent, severe emotional ill treatment or rejection that severely effects the emotional and behavioural development of the child or young person.

Sexual Abuse

Involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of, pornographic material or watching sexual activities or encouraging them to behave in sexually inappropriate ways. A child or young person involved in sexually abusing another child or young person should be treated as a victim of abuse.

The Alleged Abuse

- + Can be current or happened in the past but not during the event.
- + Has happened during the event.

Procedure

The team member must obtain the name of the person who has disclosed the abuse, and report the situation immediately to their Team Leader, giving minimal details. Do not leave the person on their own.

The Team Leader with the team member will immediately report directly to the Welfare Officer who will then be responsible for the matter.

The Welfare Officer will involve the Ministry Co-ordinators for their support of the team member and the people involved as required.

PLEASE NOTE that once someone is 18yrs we do not have a right to report disclosures, it becomes their decision, unless someone under 18 is at risk.

CHILD PROTECTION DECLARATION

I declare that I have read and understood the above Child Protection information and I agree to abide by the procedures and guidelines laid down.

Signature:

Date:

Full Name:

(BLOCK CAPITALS)



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SELF DISCLOSURE (REHABILITATION OF OFFENDERS ACT 1974)

The nature of this event means that you must tell us about any convictions (pending, spent or unspent) and any cautions you have received.

Have you ever been convicted of an offence in any criminal proceeding, in any court, in any country? (*For motoring offences please only answer YES if it resulted in disqualification*).

YES NO If yes, please give details: _____

Has your conduct ever caused mental or physical harm to a child / young person or put a child at risk? To your knowledge, has it ever been alleged that your conduct has resulted in any of those things?

YES NO If yes, please give details: _____

Do you suffer with a health condition that could affect your working with children/young people?

If YES, give brief details. *Please include details of any disability, plus information of any treatment or counselling you have received for a depressive illness in the last 2 years.*

YES NO If yes, please give details: _____

FAILURE TO DISCLOSE INFORMATION, WHICH SUBSEQUENTLY COMES TO LIGHT, COULD RESULT IN IMMEDIATELY BEING ASKED TO LEAVE SITE.

Signature _____

Name _____ Date _____





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PLEASE KEEP THIS COPY FOR YOUR RECORDS

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