

## **APPENDICES INDEX**

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APPENDIX A

APPLICATION (paid staff)



EMPLOYER REQUEST FOR BACKGROUND CHECK

An easier way? Complete this form online at check.kids.nsw.gov.au

Employer Details:

Employer name: \_\_\_\_\_
Employer ID: \_\_\_\_\_ Employer ABN: \_\_\_\_\_
Contact person: \_\_\_\_\_
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_
Email: \_\_\_\_\_

Persons being checked:

Family name: \_\_\_\_\_ Given name(s): \_\_\_\_\_
Family name: \_\_\_\_\_ Given name(s): \_\_\_\_\_
Family name: \_\_\_\_\_ Given name(s): \_\_\_\_\_
Family name: \_\_\_\_\_ Given name(s): \_\_\_\_\_
Family name: \_\_\_\_\_ Given name(s): \_\_\_\_\_
Family name: \_\_\_\_\_ Given name(s): \_\_\_\_\_

I certify that:

- I am a representative of the employer engaging the individual(s) listed above and have the authority to submit their name and details for the Working With Children background check;
My organisation has provided information in relation to the background checking process to all individuals whose names are submitted;
All individuals have consented to these checks using the Working With Children Check Consent and Declaration form;
I have verified the identity of all individuals whose names are submitted for background checking as required by the Working With Children Employer Guidelines; and
I am requesting the Working With Children background check only for the preferred applicants for positions being newly filled. I am not requesting a check for existing employees remaining in their jobs.

My name: \_\_\_\_\_ My position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

What should I do next?

Please send this form and Page 1 of the Applicant Declaration and Consent form for each person to be checked, or the NSW Working With Children Check Adult Household Member Consent form, whichever is applicable, to your Approved Screening Agency. You may also submit these details using your Approved Screening Agency's on-line processes. You may also wish to retain a copy for your records.

## VOLUNTEER/STUDENT DECLARATION

An easier way? Complete this form online at [check.kids.nsw.gov.au](http://check.kids.nsw.gov.au)

Volunteers who mentor disadvantaged children or who provide intimate personal care to disabled children should use the Applicant Declaration and Consent rather than the Volunteer/Student Declaration.

### Personal Details:

#### Name:

Family name: \_\_\_\_\_

First name: \_\_\_\_\_ Other given name(s): \_\_\_\_\_

#### Previous names/aliases:

Family name: \_\_\_\_\_

First name: \_\_\_\_\_ Other given name(s): \_\_\_\_\_

Family name: \_\_\_\_\_

First name: \_\_\_\_\_ Other given name(s): \_\_\_\_\_

#### Residential address:

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

Suburb/Town: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Country: \_\_\_\_\_

#### Contact:

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Gender: \_\_\_\_\_

#### Place of birth:

Suburb/Town: \_\_\_\_\_ State: \_\_\_\_\_

Country: \_\_\_\_\_

#### Identifying document:

If you used one of these documents to verify your identity, please fill in these details

Licence Type:  Driver's License  Firearms License

Issuing Agency:  Australian Capital Territory  New South Wales

Northern Territory  Queensland  South Australia

Tasmania  Victoria  Western Australia

Australian Army  Commonwealth of Australia  Defence Force Academy

Australian Navy  Australian RAAF

Issued by a country other than Australia

Other

Licence number: \_\_\_\_\_

Passport Type:  Private  Government  UN Refugee

Issuing Country: \_\_\_\_\_

Passport number: \_\_\_\_\_

**Position details:**

**Title of child-related position:** \_\_\_\_\_

**Name of organisation you are volunteering for:** \_\_\_\_\_

**Address of this organisation (if known):** \_\_\_\_\_

**I am a parent or guardian of a participating child (y/n):** \_\_\_\_\_

**I am a volunteer or student on placement (y/n):** \_\_\_\_\_

It is an offence for a prohibited person to apply for, attempt to obtain, undertake or remain in child-related employment, or to **sign this declaration**. A prohibited person is a person who is convicted of the following (whether in NSW or elsewhere):

- murder of a child
- serious sex offence, including carnal knowledge
- child-related personal violence offence (an offence committed by an adult involving intentionally wounding or causing grievous bodily harm to a child)
- indecency offences punishable by imprisonment of 12 months or more
- kidnapping (unless the offender is or has been the child's parent or carer)
- offences connected with child prostitution
- possession, distribution or publication of child pornography; or
- attempt, conspiracy or incitement to commit the above offences.

A prohibited person includes a Registrable person under the *Child Protection (Offenders Registration) Act 2000*.

Details of these offences can be found online at Working With Children Employer Guidelines Fact sheet 1. A conviction includes a finding that the charge for an offence is proven, or that a person is guilty of an offence, even though the court does not proceed to a conviction.

**Declaration:**

- I have read and understood the information above about prohibited persons. I am aware that it is an offence to make a false statement on this form.
- I declare that I am not a prohibited person under the *Commission for Children and Young People Act 1998*.
- I consent to the Commission for Children and Young People checking my relevant criminal records, to verify these statements. I understand that this information may be referred to the Commission for Children and Young People and/or to NSW Police for law enforcement purposes and for monitoring and auditing compliance with the procedures and standards for the Working With Children Check in accordance with Section 36 (1)(f) of the *Commission for Children and Young People Act 1998*.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Employer to Complete:**

- I have sighted photo identification for this person

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Cabramatta Vineyard Church**

*Office use only*

Verbally asked by \_\_\_\_\_ if they have any convictions, even been listed as a prohibited person, accused of offenses relating to children, or if there is any reason that they should not be involved in Children's ministry at Cabramatta Vineyard Church.

Their Answer:            Yes            No

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Approved for Children's/Youth Ministry at Cabramatta Vineyard    Yes    No

## **APPENDIX B**

### **DEFINITIONS AND INDICATORS OF ABUSE**

Child abuse is a term commonly used to refer to different types of child maltreatment, either as a single event or a series of incidents. It includes physical assault, social assault, emotional abuse and neglect.

#### **Physical Abuse**

Physical abuse refers to the non-accidental injury to a child by a parent, caregiver, or other person responsible for the child.

Potential indicators of physical abuse in children:

- Bruises on face neck or head
- Other bruises or marks which may show the shape of the object which caused it
- Lacerations and welts
- Head injuries where the infant may be drowsy or vomiting or have glassy eyes, fixed pupils or pooling of blood in the eyes suggesting the possibility of having been shaken
- Adult bite marks and scratches
- Bone fractures, especially in children under three (3) years of age
- Dislocations, sprains, swelling
- Burns marks and scalds
- Multiple injuries or bruises
- Child or parent's explanation inconsistent with injury
- Abdominal pain (may be caused by internal organ damage) ingestion of poisonous substances, alcohol or drugs
- General indicators of female genital mutilation
- Lacerations

#### **Sexual Abuse**

Child sexual abuse is any sexual act or sexual threat imposed on a child. Adults or adolescents who perpetrate child sexual abuse exploit the dependence and immaturity of children. Coercion, which may be physical or psychological, is intrinsic to sexual abuse and differentiates it from consensual peer sexual activity.

Indicators of sexual abuse in children:

- Direct or indirect disclosure
- Describing sexual acts
- Overtly sexual themes in artwork, play or writing
- Persistent running away from home
- Anorexia or over-eating
- Going to bed fully clothed
- Regression in developmental achievements
- Child being in contact with a known offender
- Unexplained accumulation of money and gifts
- Bleeding from vagina, external genitalia or anus
- Injuries such as tears or bruising to the genitalia or anus

- Sexually transmitted disease
- Injuries to breasts, buttocks, lower abdomen and thighs
- Sophisticated or unusual sexual behaviour or knowledge
- Persistent habit disorders, e.g. Sucking, biting, rocking
- Self-destructive behaviours, e.g. Suicide attempts, substance abuse, self-mutilation.

### **Emotional Abuse**

Emotional abuse encompasses a range of behaviours that harm a child, including exposing a child to domestic violence. It is behaviour by a parent or caregiver which can destroy a child's confidence, resulting in significant emotional deprivation or trauma. It involves impairment of a child's social, emotional, cognitive or intellectual development and/or disturbance of a child's behaviour.

Indicators of emotional abuse in children:

- Feelings of worthlessness about life and themselves
- Extremely low self-esteem
- Compliant, passive, withdrawn, tearful
- Inability to value others
- Serious difficulties with peer and/or other relations
- Extreme attention seeking behaviour

### **Domestic Violence**

Domestic violence is violence, abuse and intimidatory behaviour perpetrated by one person against another in a personal, intimate relationship. Domestic violence has a profound effect on children and constitutes a form of abuse. Children can be affected by being exposed to violence in the parental relationship, by becoming victims of violence, or a combination of the two.

### **Neglect**

Neglect occurs when a child is harmed by the failure to provide the basic physical and emotional necessities of life.

Indicators of neglect in children:

- Poor standards in hygiene leading to social isolation
- Scavenging or stealing food
- Extended stays at school, public areas, other homes
- Being focussed on basic survival
- Extreme longing for adult affection
- A flat and superficial way of relating, lacking a sense of genuine interaction
- Anxiety about being dropped or abandoned
- Self-comforting behaviours, e.g. rocking, sucking.

**APPENDIX C**

**REPORT OF SUSPECTED CHILD ABUSE**

**Must be completed within 24 hours of disclosure or suspicion)**

**Do not interrogate the child in order to obtain this information**

**Name of child:** \_\_\_\_\_  
**Age:** \_\_\_\_\_  
**Street:** \_\_\_\_\_  
**Suburb:** \_\_\_\_\_  
**State:** \_\_\_\_\_ **Postcode** \_\_\_\_\_  
**Phone:** \_\_\_\_\_

**Name of report writer:** \_\_\_\_\_  
**Street:** \_\_\_\_\_  
**Suburb:** \_\_\_\_\_  
**State:** \_\_\_\_\_ **Postcode** \_\_\_\_\_  
**Phone (home):** \_\_\_\_\_ **Phone (work):** \_\_\_\_\_

**Name of church group:** \_\_\_\_\_

**Disclosure made (reason for reporting):**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date, time and place disclosure was made:**  
\_\_\_\_\_

**Have parents been informed (if appropriate)?**

**Yes**       **No**

**Signed (report writer):** \_\_\_\_\_

**Signed Pastor/children’s Coordinator):** \_\_\_\_\_

**Date :** \_\_\_\_\_

**APPENDIX D**

**DRIVER'S CODE OF CONDUCT**

Name: \_\_\_\_\_

Current Driver's License Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Class of License: \_\_\_\_\_

Copy of Licence provided: Y/N

Car Insurance:

Comprehensive (Name of Insurer): \_\_\_\_\_

Compulsory Third Party Insurance (Name of Insurer): \_\_\_\_\_

Copy of Comprehensive Insurance provided: Y/N

Car Registration Number: \_\_\_\_\_

Car Model: \_\_\_\_\_ Car Make: \_\_\_\_\_ Car Year: \_\_\_\_\_

Please give details of any accidents and/or traffic offences you have been convicted of in the last five years:

\_\_\_\_\_

\_\_\_\_\_

Event Details:

\_\_\_\_\_

\_\_\_\_\_

Event Organiser/Director: \_\_\_\_\_

Code of Conduct:

- I will abide by all NSW Transport and Government road rules
- I will only drive if I have comprehensive insurance
- I will only drive to destinations instructed by the event organiser.
- I will not drive after taking alcohol or illegal substances
- I will not have passengers drive with me who have not been given permission from A parent and the event director.

Drivers Consent:

I agree to abide by the above points stated in the Code of Conduct. I understand that while driving for this event named above, that any loss/damage to my vehicle is not covered by Cabramatta Vineyard or by the event organiser. I declare that the above information is a true record of my current driving conditions and vehicle.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_



## APPENDIX E

### MEDICAL FORM

It is a requirement of Cabramatta Vineyard Church's risk management procedures that you complete and return this form. Thank you for your assistance.

<b>Name of Child/Youth:</b>		<b>Date of Birth:</b>	
<b>Age:</b>		<b>Male or Female:</b>	

<b>Emergency Contact 1:</b>		<b>Relationship:</b>	
<b>Phone (Bus hours):</b>		<b>Address:</b>	
<b>Phone (After hours):</b>			
<b>Mobile:</b>			

<b>Emergency Contact 2:</b>		<b>Relationship:</b>	
<b>Phone (Bus hours):</b>		<b>Address:</b>	
<b>Phone (After hours):</b>			
<b>Mobile:</b>			

<b>Medical Insurer:</b>		<b>Usual Doctor:</b>	
<b>Medicare Number:</b>		<b>Address:</b>	
<b>Medicare Expiration:</b>			
<b>Reference Number:</b>		<b>Phone Number:</b>	

#### Health Condition:

<b>Heart Trouble:</b>	<b>Yes/No</b>	
<b>Respiratory Problems:</b>	<b>Yes/No</b>	
<b>Asthma (Please attach management plan)</b>	<b>Yes/No</b>	<b>Severity: Low – Medium – High - Extreme</b>
<b>Asthma (recent hospitalization)</b>	<b>Yes/No</b>	<b>Would hospitalization be required? Yes/No</b> <b>If so, what date?</b>
<b>Allergies</b>	<b>Yes/No</b>	<b>Bees / Wasps / Animals / Plants / Food / Drugs / Other</b> <b>(give details:_____)</b> <b>Severity: Low – Medium – High - Extreme</b> <b>Would hospitalization be required? Yes/No</b>

Blood Pressure	Yes/No	
Diabetes	Yes/No	
Phobias	Yes/No	
Epilepsy	Yes/No	
Sleep Walking	Yes/No	
Bed Wetting	Yes/No	
Operations	Yes/No	
Recent Illness	Yes/No	
Tetanus Up to Date (Last Date)	Yes/No	
Can pain killers be provided?(Panadol / Asprin / Codeine,etc)	Yes/No	
Current Medications	Yes/No	Details:
Swimmer	Yes/No	Competent Distance?
Dietary Requirements	Yes/No	Details:

Does your Child require an Epi-Pen? Y/N

Does Your Child carry the Epi-Pen with them at all times? Y/N

Does your child require assistance to use the Epi – Pen? Y/N

Under what circumstances does your child require the administration of the Epi-Pen?

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*(If you answered Y to any of the questions regarding an Epi-Pen, you will be contacted by the nominated First Aid Officer prior to the event for further information.)*

Other Information:

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Parent / Guardian Consent: I, (print name) \_\_\_\_\_, being the parent / guardian of the above child / youth, hereby acknowledge that the above information is correct:

Signed \_\_\_\_\_ Date: \_\_\_\_\_

**APPENDIX F**

**Annual consent and indemnity form**

Dear Parent/Guardian,

Name of Event \_\_\_\_\_  
Location of Event \_\_\_\_\_  
Event Date \_\_\_\_\_

Your child’s attendance at this event is conditional upon the return of this form so that we can fully carry out our responsibility of care.

**This form must be completed and returned to \_\_\_\_\_ by \_\_\_\_\_).**

**PARENT / GUARDIAN AGREEMENT**

Name of Child: \_\_\_\_\_

- During this event your child’s photo may be taken during activities. Do you give permission for Cabramatta Vineyard to use these photos that contain your child for future promotion of its events?

YES  NO

- In the case of a medical incident, do you give permission for your child to travel in the Director’s or a leader’s car to a specific destination, namely a medical centre, hospital, etc?

YES  NO

I understand that Cabramatta Vineyard Church will endeavour to provide for my child a safe environment as they participate in this event.

I agree that in the event of an injury and if medical attention is needed, I will cover all medical expenses. In the case of personal injury, loss or damage, I, or a third party, will not hold Cabramatta Vineyard Church, and its employees, agents and volunteers, responsible.

Name of Parent or Guardian: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

**APPENDIX G**

**VENUE RISK ASSESSMENT FORM**

**Name of Event:** \_\_\_\_\_  
**Date of Event:** \_\_\_\_\_  
**Event Coordinator:** \_\_\_\_\_

**Venue:** \_\_\_\_\_  
**Venue Contact Person:** \_\_\_\_\_  
**Venue Address & Phone:** \_\_\_\_\_  
 \_\_\_\_\_

**Risk Assessment Visit Date:** \_\_\_\_\_  
**Visited by:** \_\_\_\_\_

**Insurance Certificate of Currency:**  
**Cabramatta Vineyard Church** Yes / No  
**Venue:** Yes / No / Not applicable

To minimise risks for a planned activity for young people, a thorough checklist needs to be completed before the event. Visit the venue at least once before the event to help with planning your activities. Observe all areas of potential risk, and document them, including the action plan to remove likelihood of risk occurring.

<b>Risk Identified</b>	<b>Activity</b>	<b>Problem to be assessed</b>	<b>Action Plan</b>
e.g. Open fireplace	Lounge room worship time	No protection for young kids	Bring child proof grill to stop access to the fire

**APPENDIX H**

**ACTIVITY PLANNING SHEET**

Event \_\_\_\_\_  
Activity Details \_\_\_\_\_  
Date: \_\_\_\_\_  
Time: \_\_\_\_\_  
Duration: \_\_\_\_\_  
Coordinator: \_\_\_\_\_  
Name of Activity: \_\_\_\_\_  
Location of Activity: \_\_\_\_\_

**Risks**

**Who is the first aid officer for this activity?**  
\_\_\_\_\_

**Does this activity require specialised instructors?**  
\_\_\_\_\_

**If yes who will fulfil this role?**  
\_\_\_\_\_

**If necessary, has insurance been notified of intended activity?**  
\_\_\_\_\_

**Does this activity involved environmental boundaries?**  
\_\_\_\_\_

**If yes, where do the boundaries lie?**  
\_\_\_\_\_

**What potential risks (both environmental and human) are involved in this activity?**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What safety plan do you have prepared for this activity?**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(Please ensure that this sheet is safely stored for the duration of the event and is attached to any incident reports that are filed as a result of this activity. Keep this document on file indefinitely.)**