

**APPENDIX J**

**INCIDENT INJURY REPORT**

**Event Details**

Name of Event: \_\_\_\_\_  
Event Coordinator: \_\_\_\_\_

**Location of Incident**

Name of Location: \_\_\_\_\_  
Address: \_\_\_\_\_  
Exact Location: \_\_\_\_\_  
Who was this incident reported to? \_\_\_\_\_  
Date and time the incident was reported: \_\_\_\_\_

**Injured Person**

Full Name: \_\_\_\_\_  
Gender: **Male / Female**  
Date of Birth: \_\_\_ / \_\_\_ / \_\_\_  
Home Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Role: **Child / Volunteer / Staff**

**Incident Details**

Date of Injury: \_\_\_ / \_\_\_ / \_\_\_  
Time of Incident: \_\_\_\_\_ ( am / pm )  
Part of Body Injured: \_\_\_\_\_ \*\*  
Nature of Injury: \_\_\_\_\_  
Cause of Severest Injury: \_\_\_\_\_

**Initial Severity Assessment:**

<input type="checkbox"/> First Aid (stayed at event)	<input type="checkbox"/> First Aid (sent home)
<input type="checkbox"/> Hospital	<input type="checkbox"/> Medical Treatment
<input type="checkbox"/> Possible Permanent Disability	<input type="checkbox"/> Fatal

\*\* If injury sustained to an eye, back, head, neck, skull or jaws, a visit to the doctor should be automatic.

**Immediate Treatment:**

**1. First Aid (Details):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. Doctor (Details, incl. contact details):**

\_\_\_\_\_  
\_\_\_\_\_

**3. Hospital (Details, incl. contact details):**

\_\_\_\_\_  
\_\_\_\_\_

**Activity Description:**

**1. Description of activity when injury occurred:**

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**2. Was the activity supervised? Yes / No**

**a. If yes, name and contact details of supervisor:**

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**b. If no, was this an official Cabramatta Vineyard Church event? Yes / No**

**c. Were there any instructions given to the group before the commencement of the activity? (Details)**

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**Factual Description of the Incident (What Happened?)**

Describe the site condition, how it occurred, who was around, location of relevant objects. Record facts, not speculation.

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**Protective Equipment / Safety Devices**

Were protective equipment / safety devices related to this activity being used?

Yes / No / Not Applicable. If Yes, give details:

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**Names of Witnesses (attach signed and dated reports)**

Name: \_\_\_\_\_  
Position: \_\_\_\_\_  
Address: \_\_\_\_\_

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

Name: \_\_\_\_\_  
Position: \_\_\_\_\_  
Address: \_\_\_\_\_

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

Name: \_\_\_\_\_  
Position: \_\_\_\_\_  
Address: \_\_\_\_\_

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

Name: \_\_\_\_\_  
Position: \_\_\_\_\_  
Address: \_\_\_\_\_

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

**Other People Involved in the Incident**

Name: \_\_\_\_\_  
Position: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
Position: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

**Has other necessary action been taken?**

Parent / Guardian Notified?    Yes / No  
Photos Taken of Accident Site    Yes / No  
Police Notified                      Yes / No  
Name of Police Station: \_\_\_\_\_

**Declaration**

I/we declare that the above information is a true and accurate account of the major incident that occurred during the above name event.

\_\_\_\_\_  
Supervising Leader

\_\_\_\_\_  
Date

## APPENDIX K

### **MENTORING GUIDELINES AND CONSENT**

#### **Mentoring of youth and young adults**

The mentoring of youth and young adults by members of Cabramatta Vineyard church shall take place for the sole purpose of encouragement in faith and prayer on the following basis:

- Mentoring sessions shall take place not more than once a fortnight for a maximum of 6 months, at which point the mentoring shall be reviewed in discussion with the Mentoree and the Mentor and the Mentoree's parents.
- Mentoree or Mentor can withdraw from the sessions, at any time for any reason
- The pastor shall be notified prior to the commencement of mentoring
- The pastor shall approve all mentors prior to them commencing as mentors.
- Each mentor approved by the pastor shall sign a relevant Child Protection Form as required by all volunteers at Cabramatta Vineyard Church.
- The Mentor may NOT drive the mentoree without written parental permission
- A Mentor shall not meet with a youth or young adult of the opposite sex.
- The Mentor shall be accountable to the pastors and missional council over the period of the mentoring

#### **CONSENT**

I, \_\_\_\_\_ give permission for my child  
\_\_\_\_\_ to be mentored by \_\_\_\_\_

I have read and agree with the mentoring guidelines.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

## APPENDIX L

### **ELECTRONIC COMMUNICATION DISCLOSURE (FOR PARENTS)**

Please initial underneath the leaders to whom you give consent, for the activities listed.

I give permission for the following people to interact with my child/ren\* in the following ways:

	<b>Communicate with your child* via SMS, Texting and phone</b>	<b>Communicate with your child* via Facebook and other social media</b>	<b>Communicate via social media using private chat and private messaging.</b>	<b>To “catch up” with your child* in a public place.</b>	<b>Drive your child* to or from an official CVC activity.</b>

<b>"name"</b> <i>Youth Pastor</i>					
<b>"name"</b> <i>Assistant Youth Pastor</i>					
<b>"name"</b> <i>Volunteer Youth Worker</i>					
<b>"name"</b> <i>Volunteer Youth Worker</i>					
<b>"name"</b> <i>Volunteer Youth Worker</i>					
<b>"name"</b> <i>Volunteer Youth Worker</i>					
<b>"name"</b> <i>Volunteer Youth Worker</i>					
<b>"name"</b> <i>Youth Intern</i>					
<b>"name"</b> <i>Youth Intern</i>					

Please initial underneath the box for the activity for which you give consent.

**\* "Child" in this context refers to any child, young person or young adult for whom you are legally responsible.**

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I give permission for the photographs of my child\* to be taken and displayed in the following ways:

<b>For photos/videos of your child* to be posted on Facebook or other social media sites. (y/n)</b>	<b>For photos/videos of your child* to be used in CVC promotional events. (y/n)</b>

I understand that Cabramatta Vineyard Church ) will endeavour to provide for my child\* a safe environment as they participate in Youth Ministry activities.

I agree that in the event of an injury occurring to my child/ren\* and medical attention being required, I will cover all necessary medical expenses. In the case of personal injury, loss or damage, I, or a third party, will NOT hold CVC, and/or its employees, agents or volunteers responsible.

Child's Name: \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Signed

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

\* "Child" in this context refers to any child, young person or young adult for whom you are legally responsible

**APPENDIX M**

**PHOTOGRAPH PERMISSION FORM**

**Photograph Permission Form**

This form is seeking your permission to use photographs taken at Cabramatta Vineyard Church or related events of your children. There are three potential ways we may use these pictures

- In Church displays
- On the Website
- In Cabramatta Vineyard publications (e.g. the Welcome Packs)

Pictures will not be used for any other purpose than those listed above.

Please include all children's names on the form below (i.e. all who attend kids' church) and tick all boxes that you are happy to give permission for. Then please return it to the box on the Children's sign in table.

I give permission for photographs of;

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_

To be used in the following ways: (PLEASE tick)

- In Church Displays
- On the Cabramatta Vineyard Website
- In Cabramatta Vineyard Publications
- Signed: \_\_\_\_\_

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



## APPENDIX N

### BEHAVIOUR MANAGEMENT GUIDELINES

#### Behaviour procedure for Kids Church Groups (K-6)

**Aim:**

To ensure that children and leaders have fun and respect each other during each kids church session.

**Procedure:**

We want for Kids Church to be a positive experience for all those involved. To help this to happen we all need to be united and consistent in our approach to behaviour management. The following are the rules for the K-6 groups of Kids church:

- **Do** Have FUN!
- **Do** listen to the teacher
- **Do** listen to each other
- **Do** raise your hand to talk
- **Do** keep your hands and feet to yourself
- **Do** use an inside voice
- **Do** make sure that you only sit on the floor or chairs
- **Do** stay in the room unless a leader tells you to go outside

In Kids church we use the O\_U\_T process for behaviour management. If a child over steps these boundaries with consistently disruptive behaviour then we warn them twice before sending for their parent / care giver.

**O\_U\_T you're out**  
Or  
**Our hearts desire is that**  
**U join in, and**  
**Time out may help you think about this.**

If you need to send for a parent then ask the helper to go into church and ask the parent / care giver to come and get their child. If you have a problem with this for any reason send for a leader

**Note:**

*As Leaders, Helpers and Parents please support and reinforce these rules and strategies so that the children understand what the correct boundaries are and what we expect of them.*

## APPENDIX O DEFINITIONS

<b>Adult:</b>	Any person over the age of 18 years.
<b>Alleged victim:</b>	Is any child, youth or young adult who is suspected of suffering or had suffered abuse or has disclosed the suffering of abuse.
<b>Attendees:</b>	Any person attending or participating in Cabramatta Vineyard church related events or activities.
<b>Assistant Pastor:</b>	is any person/s appointed by the Senior Pastor to the role of assistant Pastors.
<b>“Caring for Our Children”:</b>	The Child Protection Policy of Cabramatta Vineyard Church.
<b>Child/ren:</b>	Any person 15 years or under.
<b>Child Abuse:</b>	Any act (including neglect) that endangers the physical or emotional health or development of a child or young person. Abuse includes physical abuse, emotional abuse, domestic violence, sexual abuse and neglect. See examples in <b>Appendix B</b> .
<b>Child Protection Officer:</b>	Person appointed, by the Senior Pastor to coordinate and oversee the implementation of this Policy.
<b>Child Protection Forms:</b>	All forms required by law in NSW to be completed including but not limited to the Working with Children Check, Applicant Declaration and Consent Form and the Volunteer Student Declaration Form.
<b>Children’s Ministries:</b>	Any CHURCH ministry organised for and attended by children.
<b>Coordinator/s:</b>	Anyone appointed by the Pastor/s to oversee the children and/or youth ministries.
<b>Discloser:</b>	Is any child, young person or young adult who is suspected of suffering abuse, or had disclosed the suffering of abuse.
<b>Event:</b>	Any planned initiative of CHURCH ministries.
<b>FACS:</b>	NSW Department of Family and Community Services.

<b>First Aid Officer:</b>	Person appointed, by the Pastor or Coordinator who has a current St Johns Ambulance First Aid Certificate, or equivalent.
<b>Guardian:</b>	The person or persons legally responsible for the care and management of a child or young person.
<b>Kids Church:</b>	Activities run during normal church services for preschool and primary ages children.
<b>Ministries:</b>	Any event or activity that comes under the functioning of Cabramatta Vineyard church.
<b>Members:</b>	Persons who acknowledge Cabramatta Vineyard Church as their home church and who regularly attend and participate in church activities and who agree with and support the Vineyard Values and Statement of Faith.
<b>Missional Council:</b>	Those responsible for the oversight of all areas of the church including the spiritual, financial, and legal areas and key portfolios of the church.
<b>Nominee:</b>	All persons who have volunteered for/applied for/been requested to do a task or be involved in any ministry of the Cabramatta Vineyard Church.
<b>Policy:</b>	This Child Protection Policy, as amended.
<b>Pastor:</b>	Pastors employed by Cabramatta Vineyard to provide oversight and leadership in the church and who are answerable to the Missional Council.
<b>Staff:</b>	Any person employed by the Cabramatta Vineyard Church who participates in children or youth ministries in the performance of their duties.
<b>Teaching Environment:</b>	Includes the sessions provided for the children and youth on Sunday during normal service times, for Friday night Youth and for the young persons in evening small groups.
<b>Volunteers:</b>	Any person who participates in the children or youth ministries in any capacity and is not employed by Cabramatta Vineyard Church.
<b>Youth Ministries:</b>	Any CHURCH ministry organised for and attended by Young Persons and/or Young Adults.

<b>Young Person:</b>	<b>Any person between 16 or 17 years of age.</b>
<b>Young Adult:</b>	<b>Any person 18 years and older who is still attending school.</b>