

Section 7:

Forms

UK GDPR and panel forms

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Section 7: UK GDPR and panel forms

You can access the most up to date forms on the panel website: panel.cymru/en/useful-forms

Please note the following when using the forms in the Safeguarding Vulnerable Groups Handbook:

GDPR (General Data Protection Regulation) came into force on May 25, 2018. Within the UK this led to the creation of the Data Protection Act (2018), which superseded the previous 1998 Data Protection Act. Since Britain's exit from the EU, we now refer to the UK GDPR.

The UK GDPR sets out seven key principles which should be central to any data processing. You should apply the following principles when you handle personal information such as the information you collect using the forms included in the Safeguarding Vulnerable Groups Handbook. The principles apply whether the information is held in paper or electronic formats.

1. **Processed Lawfully**, fairly and in a transparent manner.
2. **Purpose limitation** – Collect data for a specific purpose and do not use it for any other purpose.
3. **Data minimisation** – Only collect the data that you need.
4. **Accurate**: Endeavour to ensure that personal information is accurate.
5. **Storage limitation** – retained only for as long as it is required.
6. **Integrity and confidentiality (security)** – protect information from unauthorised or accidental disclosure.
7. **Accountability** – Those who collect data are responsible and should demonstrate compliance with the above principles.

For more information refer to the Information Commissioner's website <https://ico.org.uk/>

The example forms in the handbook are for local church use and all personal data should be collected/ used/retained /destroyed by the church following GDPR guidelines and under your local or denominational privacy policy.

RECRUITMENT FORMS (forms 1-4): make sure you respect confidentiality and privacy when collecting and storing any information from the application and self-disclosure forms. Store forms securely and confidentially and do not retain application forms from people who have not been selected to work or volunteer.

Do not retain or make copies of DBS disclosure certificates. You will be informed by the panel office when a DBS process has been completed by the applicant. Certificates should be retained by the applicant not the church. (See also the panel privacy statement under the DBS section of our website which explains how we collect and use your information to carry out a Disclosure and Barring Service Check).

CHILDREN'S CONSENT FORMS (forms 5-8): To carry out activities, take photographs or seek medical help for children under 18 you need to obtain consent from those with parental responsibility for the child. Consent is a lawful basis for processing personal data. You should also consider if the child is able to give their own consent in addition e.g., if they are unhappy to have their picture taken or used even if the parent has already agreed. Children need protection when

you are collecting and processing their personal data because they may be less aware of the risks involved. Children have the same rights as adults over their personal data including the rights to access; request rectification; object to processing and have their personal data erased. See also the note on safeguarding below.

ACCIDENT FORMS (form 9): As an accident form contains personal data of those involved in an accident, witnesses and those responsible for implementing actions etc., GDPR rules apply.

Accident records should be kept for a minimum of 3 years (unless they fall under COSHH regulations). Organisations are required to delete data when it's no longer needed. If organisations wish to keep accident reports longer than three years, they may be anonymised so that they no longer contain any personal details but may continue to inform policy or risk assessments going forward.

REPORTING A CONCERN (form 11): make sure you respect confidentiality and privacy when collecting and storing information about abuse or allegations. It is likely that the information will need to be shared to safeguard children or vulnerable adults so please note the information in the box below.

SAFEGUARDING AND UK GDPR:

UK GDPR does not prevent the sharing of information for safeguarding purposes.

Information may be shared without consent for the purposes of safeguarding and promoting welfare if there is a lawful basis to process any personal information and if to gain consent would place a child or vulnerable person at risk.

Form 1: Application form for voluntary work with children, young people and vulnerable adults

Strictly confidential

Name of place of worship/organisation

Job or Role
(e.g. Sunday school teacher)

We ask all prospective workers with children, young people and vulnerable adults to complete this form. If there is insufficient room to fully answer any questions, please continue on separate sheet. The information will be kept confidentially by the place of worship /organisation, unless requested by an appropriate authority.

1. Personal Details

Full Name:.....

..... Postcode:

Tel No:.....

Email Address:.....

2. Experience

Please tell us about your Christian experience/experiences in the church(es)/ organisation(s) in which you have been involved, including names, dates and detail of areas of your involvement:

Please give details of your previous experience of working with children, young people or vulnerable adults. This should include any relevant qualifications.

3. References

Please complete the details below of two people who would be willing to provide a personal reference. If you are currently working (paid or voluntary), one of these should be your present employer. We reserve the right to take up character references from any other individuals deemed necessary.

Name:	Name:
Address:	Address:
Post Code:	Post Code:
Tel No:.....	Tel No:
Role:.....	Role:
Relationship:.....	Relationship:

4. Declaration

I confirm that the submitted information is correct and complete.

I understand and agree to the conditions involving a Criminal Disclosure Check and agree, if I am appointed, to make an application through the Disclosure and Barring Service.

I have sent the self-declaration form to the Recruiter in a separate, sealed envelope.

Signed:..... Date:

Please return this form to the person responsible for appointing volunteers

As an organisation we undertake to meet the requirements of the UK GDPR and relevant data protection legislation, and all legislation in relation to criminal record disclosures.

Form 2: Self-declaration form for a voluntary position requiring a disclosure

Strictly confidential

As a place of worship/organisation, we undertake to meet the requirements of the Data Protection Act 1998 and all other relevant legislation, and the expectations of the Information Commissioners Office relating to the data privacy of individuals.

All applicants/volunteers are asked to complete this form, detach it from the Application Form, and return it **to the Recruiter detailed below, in a separate sealed envelope***

Name and address of the recruiter:

Name of the candidate:

Voluntary position applied for:

DECLARATION OF CRIMINAL HISTORY

Do you have any convictions, cautions, reprimands or final warnings that are not “protected” as defined by the rehabilitation of offenders Act 1974 (Exceptions Order 1975 (as amended in 2013) by SI 2013 1198

Yes No (please tick)

Do you have any unspent convictions; or are you at present the subject of a criminal investigation/ pending prosecution?

Yes No (please tick)

If yes, please give details including the nature of the offences and the dates.

Have you ever been the subject of a police investigation that didn't lead to a criminal conviction (and is not subject to DBS filtering rules)? (see notes)

Yes No (please tick)

Has there ever been any cause for concern regarding your conduct with children, young people, and vulnerable adults?

Yes No if yes, please give details.

**If preferred you may return this form to the Interdenominational Safeguarding Panel Office,
Unit 1, Vale Parc, Colomendy Industrial Estate, Denbigh LL16 5TA*

DECLARATION

I (full name) of (address)

.....

consent to a Disclosure and Barring Service (DBS) check if appointed to the position for which I have applied. I am aware that details of pending prosecutions, previous convictions, cautions, or bind overs against me may be disclosed along with any other relevant information which may be known to the police.

I agree to inform the person within the place of worship/organisation responsible for processing my applications if I am convicted of an offence after I take up any post within the place of worship/organisation. I understand that failure to do so may lead to the immediate suspension of my work with children or vulnerable adults and/or the termination of my employment.

I agree to inform the person within the place of worship/organisation responsible for processing my application if I become the subject of a police and/or a social services/(Children’s Social Care or Adult Social Services)/Social Work Department investigation. I understand that failure to do so may lead to the immediate suspension of my work with children or vulnerable adults and/or the termination of my employment.

Signed: Date:

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Notes:

The amendments to the Exceptions Order 1975 (2013) provides that certain spent convictions and cautions are ‘protected’ and not subject to disclosure to employers, and can not be taken into account. The guidelines and criteria on the filter of these warnings and convictions can be found on the Disclosure and Barring Service website: <https://www.gov.uk/government/publications/dbs-filtering-guidance>

**<https://www.gov.uk/government/publications/filtering-rules-for-criminal-record-check-certificates>*

***https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/148542/rehabilitationoffenders.pdf*

Form 3: Individual applicant checklist

Name:

Role:

Action required	Date	Initials
Application form		
..... Issued		
..... Returned		
Discussion/interview about the role:		
Self-declaration form		
Qualifications checked (delete if not relevant)		
Written references:		
..... Requested (number)		
..... Received (number)		
DBS Check:		
DBS form requested from Interdenominational Safeguarding Panel		
Issued to applicant with completion guidance		
Completed by applicant		
I.D. verified and forms sent to panel office		
Clearance received from panel office		
Training:		
Note training courses attended and dates		
Probationary period begins:		
Probationary period due to end:		
Notes including decision – notes on probationary period etc.:		

Form 4: Reference letter and form

Dear

Re: Reference Request for **[Name of Applicant]**

The above named person has applied to be a worker with the children/young people/vulnerable adults at
..... [*name of place of worship/organisation*]

As I am sure you are aware, before we can accept anyone to work with children/ vulnerable adults*, whether on a voluntary or paid basis, we must be sure that they are suitable. This applicant has given your name as a referee.

I would be grateful if you could give your opinion of the person's suitability for the post by completing the enclosed form and return it in the pre-paid envelope as soon as possible. A description of the job/role is enclosed.

Please note that this position is exempt from Section 4(2) of the Rehabilitation of Offenders Act 1974 (Exemptions Order as applicable in the UK). It is not, therefore, in any way contrary to the Act to reveal any information you may have concerning convictions which would otherwise be considered "spent".

Any information you are able to give will be kept in strictest confidence and used only in consideration of the suitability of the applicant for this position.

Should you require any further information do not hesitate to contact

on telephone number

May I take this opportunity to thank you for your help in this matter.

Yours sincerely,

**Reference Form for those working with children or vulnerable adults
Private and Confidential.**

REFERENCE FOR:

POSITION APPLIED FOR:

Your name:

Occupation:

How long have you known this person?

In what capacity?

1. Does this applicant have any previous experience of looking after or working with children and young people/vulnerable adults* or with any other groups in a responsible or caring capacity?

Yes (please give details) No

2. The position for which this person is being considered gives substantial access to children/and young people/ vulnerable adults. * To your knowledge, is there any reason why this person should not be entrusted with care of children/vulnerable adults? If so, please provide details.

Yes (please give details) No

3. Does the applicant have any health problems, mental or physical, which might affect the person's work with children/vulnerable adults?

Yes No

If yes, please give more details including any additional support or supervision that the applicant may need

Please use additional sheets if necessary

Signed: Date:

Thank you for your help.

Please return this form to:

*delete as applicable

Form 5: General information and consent form (under 11's)

Place of Worship/Organisation:

Group (including usual time and day):

Full name of child:

Date of Birth:

Address:

Name of GP: Tel No:

Address:

Date of last anti-tetanus injection, if known:

Details of any regular medication, medical problem (e.g. asthma, epilepsy, allergies, dietary needs, etc.) or disability which may affect normal activity. Also details of any additional information that the leader may need to support and care for the child effectively.

I agree to advise the group leaders in writing if any of the above details change.

Name of parents/carers:

Tel no: Day..... Eve

Parent/ carer Mobile 1: Parent /carer Mobile 2:

Additional contact (grandparent etc. or other holding parental responsibility)

Name: Tel no:

If you do not have parental responsibility (e.g. you are a foster carer/grandparent etc.) please give details of those with parental responsibility

Name(s): Tel no:

Address:

.....

**I give permission for (name)
to take part in the normal activities of this group.**

I understand that separate permission will be sought for certain activities, including swimming, and outings lasting longer than the normal meeting times of the group. I understand that while involved he/she will be under the control and care of the group leader and/or other adults approved by the place of worship/organisation leadership, and that, while the staff in charge of the group will take all reasonable care of the children, they cannot necessarily be held responsible for any loss, damage or injury suffered by my child during, or as a result of, the activity.

I give permission for medical treatment to be administered in the case of an emergency.

Whenever medical advice or treatment is needed, the assistance of a GP or A&E Department of a hospital should be sought. The Children Act 1989 allows a doctor to provide any necessary treatment by doing 'what is reasonable in all the circumstances of the case for the purpose of safeguarding or promoting the child's welfare'. However, the parent/carer will be contacted and advised of the situation as soon as possible.

Transport

Unless specific arrangements have been agreed, the leaders of the group will not be responsible for transporting the child to and from the group. Any arrangements between parents to share transport will be private arrangements.

In the event of an emergency or in order to seek medical assistance, the child may be transported in the leader's or other approved adult's car.

Accident/Incident reporting: Any accidents/incidents will be noted in the church accident/incident record and also discussed with the parent and carer as soon as possible.

Signed: Date:

This information will be used and stored in line with UK GDPR regulations

Form 6: General information and consent form - including electronic communications (over 11's)

Place of Worship/Organisation:

Group (including usual time and day):

Full name of child/young person:

Date of Birth:

Address:

Name of GP: Tel No:

Address:

Date of last anti-tetanus injection, if known:

Details of any regular medication, medical problem (e.g. asthma, epilepsy, diabetes, allergies, dietary needs, etc.) or disability which may affect normal activity: Also details of any additional information that the leader may need to support and care for the young person effectively.

I agree to advise the group leaders in writing if any of the above details change.

I agree to advise the group leaders in writing if any of the above details change.

Name of parents/carers:

Tel no: Day..... Eve

Parent/ carer Mobile 1: Parent /carer Mobile 2:

Additional contact (grandparent etc. or other holding parental responsibility)

Name: Tel no:

If you do not have parental responsibility (e.g. you are a foster carer/grandparent etc.) please give details of those with parental responsibility

Name(s): Tel no:

Address:

.....

I give permission for (name)
to take part in the normal activities of this group.

I understand that separate permission will be sought for certain activities, including swimming, and outings lasting longer than the normal meeting times of the group. I understand that while involved he/she will be under the control and care of the group leader and/or other adults approved by the place of worship/organisation leadership, and that, while the staff in charge of the group will take all reasonable care of the children, they cannot necessarily be held responsible for any loss, damage or injury suffered by my child during, or as a result of, the activity.

I give permission for medical treatment to be administered in the case of an emergency.

Whenever medical advice or treatment is needed, the assistance of a GP or A&E Department of a hospital should be sought. The Children Act 1989 allows a doctor to provide any necessary treatment by doing 'what is reasonable in all the circumstances of the case for the purpose of safeguarding or promoting the child's welfare'. However, the parent/carer will be contacted and advised of the situation as soon as possible.

Transport

Unless specific arrangements have been agreed, the leaders of the group will not be responsible for transporting the young people to and from the group. Any arrangements between parents to share transport will be private arrangements.

In the event of an emergency or in order to seek medical assistance, the young person may be transported in the leader's or other approved adult's car.

Accident/Incident reporting: Any accidents/incidents will be noted in the church accident/incident record and also discussed with the parent and carer as soon as possible.

Signed: Date:

Optional section:

Consent for Electronic Communication with children & young people

Many children and young people communicate electronically via, mobile, email and the internet social media sites and this can make organisation faster and more convenient.

Please note that, as Facebook is not intended for use for those under 13, it will not be used to contact children under 13.

Do you give permission for youth workers to communicate with your child via these methods?

If you do not give permission, your child will not be at any disadvantage and the leaders will contact you to make arrangements.

I give permission for my child and the youth/children's workers to communicate using /mobile/ email/ or internet for the purpose of arranging children/youth activities.

Or

I do not give permission for my child and the youth/children's workers to communicate using mobile/ email/internet for the purpose of arranging children/youth activities.

(Please delete any forms of communication you do not give permission for)

Signed: Date:

November 2013 Based on CCPAS form – used with permission

This information will be used and stored in line with UK GDPR regulations

Form 7: Special activity information and consent form

Church /Organisation: Group:.....

GIVE DETAILS OF THE ACTIVITY AND ANY COST:

Full name of child/young person:

Date of Birth:

Address:

Name of parents/carers and contact details:

Parent/ carer 1:.....

Parent /carer 2:.....

**I give permission for (name)
to take part in the above named activity.**

I understand that, while involved, he/she will be under the control and care of the group leader and/or other adults approved by the church/organisation leadership and that, while the staff in charge of the group will take all reasonable care of the children, they cannot necessarily be held responsible for any loss, damage or injury suffered by my child during, or as a result of the activity.

I give permission for medical treatment to be administered in the case of an emergency.

However, the parent/carer should be contacted and advised of the situation as soon as possible.

Please note below any medical conditions or disability, regular medication and any additional information that the leader may need to care for the child effectively during the above named activity.

Transport

Unless specifically agreed otherwise in advance and noted below, you are responsible for transport to the above activity. The leader will transport the child if necessary in the event of an emergency.

I give permission for my child to be transported *to and from the activity/in the event of an emergency (delete as appropriate)

In signing below you are agreeing for your child to take part in this activity, for medical advice or treatment to be sought if necessary, and for the leader to transport your child as noted above.

Signed: (parent/carer) Date:

Form 8: Consent for use of images

(Over 18's may complete this form themselves)

I, the (relationship/ position)

of: (Child/ Young person's full name)

Hereby give (name of church or organisation)
permission to use any still and/or moving image being video footage, photographs and/or frames and/or
audio footage depicting the above named child/young person and taken on behalf of the organisation.

If this permission is related to a specific event and date please note here E.g specific outing or activity

We use images such as these to help us raise awareness of the work of the organisation or for publicity purposes or to share information. The above consents will apply for a year from the date below unless otherwise stated.

Signed: Date:

Address:

.....

Please return this form to:

Form 9: Accident and incident form

This form should be completed immediately after any accident or significant incident. The worker should discuss with the appropriate leader for the group/activity what follow up action is necessary.

Day, date and time of the incident

Names of those involved in the incident

Where did this incident take place?

Describe the accident/incident (include injuries received and any first aid or medical treatment given):

Who witnessed the incident? (Names, addresses, telephone numbers, and ages if under 16)

Have you retained any defective equipment?

YES NO NONE INVOLVED (Please tick)

If yes, where is it being kept and by whom?

What action have you taken to prevent a recurrence of the incident?

Is the site or premises still safe for your group to use YES NO (Please tick)

Is the equipment still safe for your group to use? YES NO (Please tick)

Who else do you need to inform?

Have they been informed? YES NO (Please tick)

If so, when and by whom?

Signature of person in charge of group at time of accident/incident:

Signed: Print Name: Date:

Form seen by: (State role e.g. Church Minister, elder, deacon)

Signed: Print Name: Date:

November 2013 Based on CCPAS form – used with permission

Form 10: Risk assessment form

Church/Chapel

Activity/Circumstances to be assessed – brief description

.....

Risk associated with the activity

.....

High Low or medium risk

.....

Who is at risk? (Members of the public, children, vulnerable adults, members of staff etc.)

.....

Current measures to control the risk

.....

Further action necessary

.....

Date Assessment done

Date due for monitoring

Name Signature

It is advisable to review a Risk Assessment when necessary, or at least annually

See also guidelines appendix 4

Form 11: Reporting a concern form

Report concerning: (name) Child Adult

Current Address of child/vulnerable adult:

Contact number: Date of Report:

Is the vulnerable adult aware of this report? No Yes

Do you have authority to share this report? No Yes

Information which prompts the report

Where did it happen?

Describe the alleged abuse/any injury

Have steps been taken to protect anyone?

The individual suspected of committing the alleged abuse (if known)

Name: Contact Number:

Address:

Is he/she aware of this report? No Yes

Relevant witness (if any)

Name: Contact Number:

Address:

The person who has completed this form

Name: Contact Number:

Address:

Date and time when the form was completed:

Signature:

