

As _____ (insert name of Diocese/Parish), we welcome other organisations/groups/ individuals within the community using our facilities. While using the diocesan/parish facilities, we want to be assured that all reasonable steps have been taken to safeguard vulnerable persons. The responsibility for complying with good safeguarding practice (including safe recruitment and vetting) rests with the group using Church property and not with the Diocese/Parish.

The _____ (insert name of Diocese/Parish) has its own policies and procedures in relation to safeguarding vulnerable persons. Any group operating under the name/auspice of the Diocese/Parish will comply with these requirements.

As an external group, the Diocese/Parish requires detailed information in respect of your application to ensure that the safety and well-being of vulnerable persons and adults that work with them are maintained at all times.

Conditions of use of Church property by External Groups:

1. It is the responsibility of any group using Church property to run activities involving vulnerable persons to ensure that they comply with all applicable safeguarding and protection legislation and guidelines.
2. The group should have their own safeguarding policy and procedures if using Church property on a regular basis. The Diocese/Parish cannot assist any outside group in developing a safeguarding policy.
3. The Diocese/Parish should obtain confirmation in writing from the group that they have a safeguarding policy and appropriate insurance.

We would ask that you complete the following questionnaire. If any response is not applicable (N/A), please provide details of why this does not apply to your organisation. If you feel your application requires further information, please attach on an additional page. Please indicate when additional information is provided in support of your application.

Name of External Group	
Purpose or proposed activities	
Are there Vulnerable Persons taking part in the activities. Please Circle	Yes No
Facilities required	
Date of commencement of use	
Date of completion of use	
Frequency of use	
Hours of use	
(1) Commence at (a.m./p.m.)	
(2) Finish at (a.m./p.m.)	
Names and addresses of persons who will be in charge during use:	
(1) _____	_____
(2) _____	_____

If Vulnerable Persons are part of your activities, do you have your own safeguarding policy and procedures? (Please Circle)

Yes **No**

Do you have appropriate (public liability and/or employer's liability and professional indemnity if appropriate) insurance cover for the activity? Please Circle

Yes **No**

Name of insurance company

Policy number

Period of cover: From _____ To _____

Limit of indemnity

To be signed by official/coordinator of the organisation/group.

Signed

Print name

Position

Date