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**Safeguarding & Child Protection Induction Checklist for Volunteers**

Catholic Schools Broken Bay take our responsibility to protect children seriously.  All staff and those engaged by the school are expected to promote child safety by having a clear understanding of their legal child protection responsibilities and act in accordance with those responsibilities.

​In particular each school will:

1. Maintain professionalism in our interactions with children at all times by exercising appropriate duty of care and maintaining appropriate professional boundaries.
2. Follow an established process to address allegations of inappropriate behaviour by staff towards children.
3. Ensure all people working in our school including parent volunteers, are appropriately screened for working with children.
4. Respond appropriately when we suspect a child is at risk of significant harm due to possible abuse or neglect by a parent/carer or other adult.

Name of volunteer:

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

Role of volunteer:

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

School:

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

Date commenced:

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

Signature of volunteer:

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

**Pre-engagement checks**

|  |  |  |
| --- | --- | --- |
| **Requirement** | **Completed** | **Date** |
| [Volunteer/Contractor declaration](file:///C:\Users\joanna.litchfield\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\XIY3WVN5\Declaration,%20Collection%20Notice%20and%20Safe%20Schools%20Expectations%20for%20Volunteers%20and%20Contractors%202021.docx) completed including Safe Schools Expectations Undertakings (if a WWCC number is not required) |  |  |
| WWCC number sent to CSBB (if Volunteer/Contractor declaration is not required) |  |  |

**Child Protection professional development**

|  |  |  |
| --- | --- | --- |
| **Requirement** | **Completed** | **Date** |
| [PowerPoint induction training](file:///C:\Users\joanna.litchfield\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\XIY3WVN5\Induction%20powerpoint%20for%20staff%20and%20volunteers%20and%20contractors%20%202021.pptx) |  |  |

**Policy/Guidelines/Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Requirement** | **Provided to volunteer** | **Date provided** | **Signed off** |
| **Policy:**  [Addressing Allegations of Inappropriate Behaviour by Staff](file:///C:\Users\joanna.litchfield\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\XIY3WVN5\Addressing%20Allegations%20of%20Inappropriate%20Behaviour%20by%20Staff%20Policy%20v1.0%20Nov%202014.pdf) (electronic or paper) |  |  |  |
| **Policy:**  [Managing ROSH and WB concerns](file:///C:\Users\joanna.litchfield\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\XIY3WVN5\Managing%20Risk%20of%20Significant%20Harm%20and%20Wellbeing%20Concerns%20Policy%20v1.0%20November%202014.pdf)  (electronic or paper) |  |  |  |
| **Policy:**  [WWCC Child Protection Policy](file:///C:\Users\joanna.litchfield\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\XIY3WVN5\Child%20Protection%20Policy%20WWCC%20v1.0%20Nov%202014.pdf) (electronic or paper) |  |  |  |
| **Information:**  [Do’s and Don’ts reference sheet](file:///C:\Users\joanna.litchfield\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\XIY3WVN5\CSO%20Dos%20and%20Donts.pdf) (paper) |  |  |  |
| **Information:**  Parent handbook (if applicable) (electronic or paper) |  |  |  |

**Office use only:**

Name of staff completing form:

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

Role of staff:

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Signature of staff completing the checklist:

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Principal’s name:

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

Principal’s signature:

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

Date completed:

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