

SO15: Approval Form for Conducting Online Ministry

REFERENCE DETAILS

Name of Parish:

Name of Safeguarding Committee Chairperson:

Has the Parish Priest been informed of this online ministry event?

DATE

YES

NO

Has the Safeguarding Committee been informed of this online ministry event?

DATE

YES

NO

LEADER DETAILS

Leader Name:

Contact Telephone No:

Email:

MONITOR DETAILS

* **The Monitor will be one of the leaders present throughout the meeting who will monitor attendance and engagement.**

Name:

DATA PROTECTION

Are they aware of the data privacy notice?

YES

NO

Are their procedures compliant with it?

YES

NO

If you have answered no, please detail below:

The Down and Connor Safeguarding privacy notice and the Diocese of Down and Connor privacy notice can be found at:

<https://downandconnorsafeguarding.com/PRIVACY-NOTICES/>

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PARISH VOLUNTEER LEADERS DETAILS

Leader 1. Name:

Has been vetted?

YES NO

Has completed Safeguarding Children Information Session?

YES NO

Has completed Safeguarding Training for Leaders?

YES NO

Has completed Best Practice in Online Ministry Training?

YES NO

Leader 2. Name:

Has been vetted?

YES NO

Has completed Safeguarding Children Information Session?

YES NO

Has completed Safeguarding Training for Leaders?

YES NO

Has completed Best Practice in Online Ministry Training?

YES NO

Leader 3. Name:

Has been vetted?

YES NO

Has completed Safeguarding Children Information Session?

YES NO

Has completed Safeguarding Training for Leaders?

YES NO

Has completed Best Practice in Online Ministry Training?

YES NO

ONLINE MINISTRY DETAILS

What type of online ministry have you planned?

What is your rationale for online ministry?

Which virtual platform will be used? (Please mark)

ZOOM

TEAMS

OTHER(S)

If you have ticked other(s), please detail:

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TASKS TO BE COMPLETED

Has a Risk Assessment been completed and attached?

YES NO

Has consultation been conducted with the proposed participants and their parent on their views on this ministry?

YES NO

Is the Child Consent Form prepared and ready to be issued?

YES NO

Have you a Code of Behaviour?

YES NO

Have you the correct Adult/Child/Young people ratios to run this event?

YES NO

Have you a written plan for the session - Including timings, alternative facilitations skills, resources etc.

YES NO

SIGNED BY LEADER OF EVENT

Signature:

Date:

Role:

Print Full Name:

AUTHORISED BY

Safeguarding Committee Chairperson Signature:

Date:

Print Full Name: