

SO20: Agreement Form for Associations of the Faithful Ministering in a Parish

PARISH AND LAY FAITHFUL ASSOCIATION DETAILS

Name of Parish:

Name of the Association ministering in the Parish(s):

Missionary Lead Person's Name:

Contact Telephone No:

Email:

ETHOS OF THE ASSOCIATION AND PROPOSED ACTIVITY

GOVERNANCE AND COMPLIANCE

Is this an Association of the Faithful and under the governance of the Church Authority?

YES NO

Is the Association an associate member of the National Board for Safeguarding Children in the Catholic Church in Ireland?

YES NO

Is the Association affiliated to a national organisation?

YES NO

Does the Association have a Child Safeguarding Policy and Procedures?

YES NO

Does the Association have an Adult Safeguarding Policy and Procedures?

YES NO

Are Lay Missionaries engaged in this Ministry who are involved in a "Regulated Activity" as defined in "The Safeguarding Vulnerable Groups (NI) Order 2007 been appropriately vetted?

YES NO

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INSURANCE

Does this Association have appropriate insurance in place?

YES

NO

if yes, the following details are required:

Name of the insurers:

Policy number:

The period of cover of the policy:

The limit of indemnity:

DECLARATION

I confirm that the information I have given on this form to the best of my ability, is correct and complete.

Signature (Church Authority):

Date:

Print Full Name:

Signature (Missionary Lead Person):

Date:

Print Full Name: