PROTECTION OF CHILDREN & VULNERABLE ADULTS QUESTIONNAIRE

Please complete in CAPTIAL LETTERS and tick responses as appropriate.

If any response is Not Applicable, please provide details of why this does not apply to your organisation.

Where additional information is provided in support of a response, please tick the attachment response.

For the purposes of this questionnaire,

1. Vulnerable Adults are defined as any person aged 18 or over who: -
2. Is in need of assistance by reason of mental, physical or learning disability, age or illness and who:
3. Is unable to take care of themselves or unable to protect themselves against harm or exploitation which may be occasioned by the acts or omissions of other people
4. The term Employee includes any volunteer, defined as any person who preforms any activity which involves spending time, unpaid (except for travelling and other approved out-of-pocket expenses), doing something for the benefit of someone (individuals or groups)
5. Disclosure and Barring Service or DBS shall mean any Disclosure service operated in England and Wales, Scotland, or Northern Ireland.

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| Mark Wayne Baker |

Name of Proposer/Policy Holder:

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|  |

Policy Number:

Do you undertake any regulated activities as defined by the safeguarding Vulnerable Groups Act 2006 as amended by the Protection of Freedom Act 2012?

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**Policy/Management YES NO N/A Attachment**

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| --- | --- | --- | --- |
| **YES** |  |  |  |

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| --- | --- | --- | --- |
| **YES** |  |  |  |

1. Do you have a written policy Statement on the protection of children or vulnerable adults?
2. Do you have documented instructions on the protection of children and vulnerable adults?

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| --- | --- | --- | --- |
| **YES** |  |  |  |

1. Do you have a written Anti-Bullying Policy?

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| --- | --- | --- | --- |
| **YES** |  |  |  |

1. Do you have written instructions on managing behaviour and acceptable restraints?

|  |  |  |  |
| --- | --- | --- | --- |
| **YES** |  |  |  |

1. Do you have a document Employee disciplinary and grievance procedure?

|  |  |  |  |
| --- | --- | --- | --- |
| **YES** |  |  |  |

1. Do you have a designated person responsible for all issues regarding the protection of children or vulnerable acts?

|  |  |  |  |
| --- | --- | --- | --- |
| **YES** |  |  |  |

1. Do you have written guidelines on the roles and responsibilities of all Employees and other persons providing services on your behalf?

**Operational YES NO N/A Attachment**

|  |  |  |  |
| --- | --- | --- | --- |
| **YES** |  |  |  |

1. Do you have documented method to ensure continued compliance with regulations and guidance on the protection of children and vulnerable adults?

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| --- | --- | --- | --- |
| **YES** |  |  |  |

1. Are sufficient and suitable risk assessments undertaken and documented?

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| --- | --- | --- | --- |
|  |  | **N/A** |  |

1. Do you have written guidelines on the supervision of children or vulnerable adults during activities away from your main premises?

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| --- | --- | --- | --- |
| **YES** |  |  |  |

1. Do you have written standards of good practice for acceptable behaviour?

|  |  |  |  |
| --- | --- | --- | --- |
| **YES** |  |  |  |

1. Do they include guidelines on intimate care or appropriate contact?

|  |  |  |  |
| --- | --- | --- | --- |
| **YES** |  |  |  |

1. Do you have a separate and secure means to store material relating to allegations or concerns?

**Recruitment/Employment YES NO N/A Attachment**

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| --- | --- | --- | --- |
|  | **NO** |  |  |

1. Are all Employees required to complete a written application form?

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| --- | --- | --- | --- |
| **YES** |  |  |  |

1. Do you verify the identity of all applicants prior to employment?

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **N/A** |  |

1. Are written references requested and independently verified for all Employees?

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **N/A** |  |

1. Are all qualifications provided independently verified?

|  |  |  |  |
| --- | --- | --- | --- |
| **YES** |  |  |  |

1. Do you undertake DBS checks on all Employees prior to employment?

|  |  |  |  |
| --- | --- | --- | --- |
| **YES** |  |  |  |

1. Do you undertake DBS checks on existing Employees?

If YES, please state how often they are updated.

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| **We update our checks expiry dates every 6mths** |

**Recruitment/Employment (continued)**

1. Please provide details of how your organisation records DBS requests and how your organisation checks the validity of the DBS certificates.

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| **We request DBS checks via local council** |

**YES NO N/A Attachment**

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| --- | --- | --- | --- |
| **YES** |  |  |  |

1. Are all prospective Employees required to declare

if 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)

|  |  |  |  |
| --- | --- | --- | --- |
|  | **NO** |  |  |

1. Have any Employees past or present ever been interviewed in connection with or been subject of any investigations or enquiry into abuse or other inappropriate behaviour?

If YES, please provide details.

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**Training/Competency YES NO N/A Attachment**

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| --- | --- | --- | --- |
| **YES** |  |  |  |

1. Does your induction training for Employees include awareness of the protection of children and vulnerable adults?

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| --- | --- | --- | --- |
| **YES** |  |  |  |

1. Do all Employees receive a summary of your protection procedures for children and vulnerable adults?

|  |  |  |  |
| --- | --- | --- | --- |
| **YES** |  |  |  |

1. Do you record the receipt including signature by Employees of all policy procedures and guidelines?

|  |  |  |  |
| --- | --- | --- | --- |
| **YES** |  |  |  |

1. Do all Employees receive relevant training in the protection of children and vulnerable adults?

**Incident/Complaint Handling YES NO N/A Attachment**

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| --- | --- | --- | --- |
| **YES** |  |  |  |

1. Do you have formal procedure for dealing with complaints or concerns regarding abuse or neglect?

|  |  |  |  |
| --- | --- | --- | --- |
| **YES** |  |  |  |

1. Does it include a Whistle-blower policy whereby unacceptable conduct of Employees can be reported without recrimination?

|  |  |  |  |
| --- | --- | --- | --- |
| **YES** |  |  |  |

1. Does it include guidelines on how to respond to allegations or concerns regarding abuse, neglect or other inappropriate behaviour?

|  |  |  |  |
| --- | --- | --- | --- |
| **YES** |  |  |  |

1. Do you have a designated person to whom all complaints or concerns regarding abuse, neglect or other inappropriate behaviour are reported?

|  |  |  |  |
| --- | --- | --- | --- |
|  | **NO** |  |  |

1. Are there such concerns or complaints recorded?

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If YES, please give detail for how long they are retained.

**IMPORTANT**

Please read the following carefully before you sign and date the declaration.

* The questions on this form and any other details we specifically request, relate to facts considered material to underwriting the insurance. If you answer them fully and honestly you will be considered to have fulfilled your duty to disclose material facts. Failure to do so may invalidate your insurance. If in response to any of these questions you are in doubt whether a fact is material or not you should disclose it.
* You should keep your own record (including copies of letters) of all information supplied to us in arranging this insurance.

**DECLARATION**

* I/we declare that to the best of my/our knowledge and belief the answers given are true and complete.
* I/we agree that if any answers have been completed by any other person, such person shall be regarded as my/our agent and acting on my/our behalf and not the agent of STB Insurance Brokers.
* I/We declare that this questionnaire is for insurance in the normal terms and conditions of the insurers policy and shall be incorporated in and form a part of the insurance contact.

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Signature of Proposer/ Policyholder:

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| Director co Owner |

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| 16th December 2021 |

Position in Company: Date: