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creating and maintaining safe environments guidance for indicator 1.5



1.5E Template 1: Form for Use by Lay Apostolates

As [INSERT NAME OF CHURCH BODY], we welcome other organisations/groups/ who seek to minister with children and promote good child safeguarding practice within the Catholic Church in Ireland. We need to be assured that all reasonable steps have been taken to safeguard children and young people. The responsibility for complying with good safeguarding practice (including safe recruitment and vetting) rests with you [INSERT NAME OF LAY APOSTOLATE] and not with the Church body.

The [INSERT NAME OF CHURCH BODY] has its own policies and procedures in relation to safeguarding children. Any group operating under the name or auspice of the Church body will comply with these requirements.

It is a requirement that all groups working with children in the Church body and/or using facilities owned by the Church body are insured, and that they have a child safeguarding policy in place.

The general principle is that the obligation to comply with requirements relating to insurance and child safeguarding rests with the apostolate, and not with the Church body.

It is the responsibility of apostolate ministering with children to ensure that they comply with all applicable child safeguarding and protection legislation and guidelines.

As an apostolate you must have your own child safeguarding policy and procedures. You are also responsible for liaising with Tusla/HSCT (Health and Social Care Trust) (as appropriate), to ensure that the policy and procedures meet the statutory requirements.

As an apostolate you must have appropriate insurance for the ministry you are engaged in.

The Church body must have confirmation in writing from you that they have a child safeguarding policy in place. It is not the role of the Church body to validate the adequacy of the policy; that is the responsibility of Tusla/HSCT.

[INSERT NAME OF CHURCH BODY] requires confirmation in writing that you have appropriate insurance in place, which includes the following:

- ï The name of your insurers;
- ï The policy number;
- ï The period of cover of the policy;
- ï The limit of indemnity.

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.

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Name apostolate	
Purpose or proposed activities	
User group, e.g. children, adults	
Date of commencement of ministry	
Date of completion of minstry	
Names and addresses of persons who will be in charge during use:	
(1)	
Telephone number	
(2)	
Telephone number_	
Do you have your own child safeguarding policy and procedures? Yes $\ \square$ No $\ \square$	
Do you have appropriate (public liability and/or employer's liability and professional appropriate) insurance cover for the activity? Yes \Box No \Box	indemnity if
Name of insurance company	
Policy number	
Period of cover	
Limit of indemnity	
To be signed by official/coordinator of the apostolate.	
Signed	
Print name	
Position_	
Date	