**Safeguarding Contract - Collation of Relevant Information (SGC/1)**

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| **Subject Name:** | **Address:** |
| **Date of Birth:** | **Telephone & Email:** |
| **Nature of safeguarding concern:****(delete as appropriate)**Physical EmotionalNeglect SexualFinancial ImagesOther:Child / Adult**Standing Order 010 offence?**Yes/No**Are they on a barred list?**ChildAdultN/A**Has a previous risk assessment been done?**Methodist ChurchDistrict Yes/NoDate:Connexional Yes/NoDate:**Other organisation**  Yes/No**Date:** | **Relevant conviction(s)/caution/reprimand/final warning/ investigation without conviction? (delete as appropriate)** Yes/No**Offence(s) (date):****Victim profile:****Location and context:****Previous offending:****Outcome:****NFA/Not Guilty/Conviction/Caution/Reprimand/Final Warning** **Details:** |
| **Are they managed or interacting with other agencies?**Yes/No | **Probation:** Yes/No**MAPPA:** Yes/No**Other:** Yes/No | **Risk level:**  |
| **Are they on the Sex Offenders Register?** Yes/No | **Police supervising officer:** | **End date:**  |
| **Are there licence conditions or a civil order (SHPO, SRO, ASBO etc) ?**Yes/No | **Type of restriction/order and time period:** | **Conditions:** |
| **Is there an on-going investigation?**Yes/No | **Details (including investigating officer and status of investigation):** |
| **Are there current concerns about their behaviour that are of a safeguarding nature?**1. **Within the Church**

Yes/No**Details:**1. **From outside the Church**

Yes/No**Details:** |
| **Recommendations from statutory agencies:** |
| **Do they admit /deny offences / concerns?**Yes/No | **Details:** |
| **Do they have a support network inside or outside of the Church?** | **Details (family, friends, activities/work (paid & voluntary)/church involvement):** |
| **Do they have any additional needs or relevant circumstances?**Yes/No**Details:** |
| **Future Goals and Aspirations?** | **Details:** |

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| **What activities and locations are being considered? (list activities & locations)** |
| **Is there any other known offender /person of concern or MSG in the church/location? (no identifiable details should be included about any third party).**Yes/No |
| **Is there any involvement in the church by victims/suvivors/or their family members?**Yes/No | **Details:** |
| **Are there victims/survivors known to the Church linked to this subject?**Yes/No | **Summary of survivor comments.** If no comments are available or no contact has been undertaken, please note the reasons for this here. |
| **Were the victims/survivors contacted as part of a connexional risk assessment?**Yes/No |
| **If there was no connexional risk assessment, have the victims/survivors been contacted about the contract?**Yes/No |
| **Are there sufficient people in the chosen church to set up a MSG?** Yes/No**If no, is there a suitable church in the vicinity that could be used?**Yes/No**Details:** | **Minister:****Chair:****Members:** |
| **Is there a suitable service for (add name) to attend safely?**Yes/No | **Details:**  |
| **Is the offending history known in the congregation and/or community?**Yes/No? | **Details:** |

Name of person completing checklist: Role:

Signed: Date: