

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

Subject Name:	Address:	
Date of Birth:	Telephone & Email:	
Nature of safeguarding concern: (delete as appropriate) Physical Emotional Neglect Sexual Financial Images Other: Child / Adult Standing Order 010 offence? Yes/No Are they on a barred list? Child Adult N/A Has a previous risk assessment been done? Methodist Church District Yes/No Date: Connexional Yes/No Date: 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?

a) **Within the Church**
 Yes/No
Details:

b) **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:

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/survivors /or their family? Yes/No	Details:
Is there a survivor 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: