**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 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?**   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: