

Safeguarding Plan for lay persons

The Archdiocese/Diocese/Congregation/Order of wishes to help and encourage you to practice your faith. Because there are concerns about your behaviour with children, young people or adults at risk or because you have been convicted of offences against children and/or adults at risk, we need to agree the things that you can and cannot do within the parish.

Where appropriate, the views of the victim/survivor have been sought and they would like the following to be considered:

- ..
- ..
- ..

By signing this Plan you are agreeing to do the following:

(Add in/delete key points under these headings as required)

Attendance at Mass/receiving the Sacraments

Consider which Church and which services, where the person can sit, who they should avoid sitting next to. Include days, times and festivals for example.

Participation in Church activities

Identify which, if any, activities the person can participate in. How will they be supported to participate (do they need a chaperone)? Include days, times and festivals for example.

Involvement in activities outside of Church

Does the individual need to undertake not to contact children, young people or adults at risk using their association with the Church?

Support needs identified

What particular support needs have been identified?

Who is the person to contact if concerned about what they are thinking, how they are feeling or how they are behaving?

List people providing support and their role in supporting implementation of the Plan.

Name	Contact details	Role

December 2016
Review date – December 2019

Information will be shared with relevant agencies (eg. probation service, social services, police) in the interests of protecting children, young people and adults at risk.

By signing this Safeguarding Plan, you are acknowledging and agreeing that your sensitive personal information can be shared with these third parties.

This Plan will be reviewed on.....

I am aware that I can ask for it to be reviewed sooner, as can any signatory to this Plan.

If there are any changes in my circumstances I will contact.....

Signed Dated

Subject

Signed Dated

Parish Priest

Signed Dated

Safeguarding Co-ordinator on behalf of the Safeguarding Commission

Signed Dated

Key support person(s)