FORM 3

CONTRACT FOR WORKERS WITH CHILDREN,
YOUNG PEOPLE & VULNERABLE ADULTS



Version 4

Under Home Office Guidelines this form should be completed for all workers with children and young people. If the role changes substantially a new contract should be completed. Name of Worker: ______ Telephone: ______ Email address: Name of Group **Children's Activities** (Calvary Kids, Surf, Holiday Club, etc) [Please tick the relevant box(es)] **Youth Activities** (YOUth, Jailbreakers, 14+, Community, etc) Family Activities (Jolly Tots, etc) **CAP Debt Help CAP Job Club CAP Release Groups Food Bank Pastoral Care** Person to whom you are responsible [Please tick the relevant box(es)] Children's Activities Karen/Bren Whaite **Youth Activities** Lee James Warren Family Activities (Jolly Tots, etc) Wendy Hodgson **CAP Debt Help** Jill Jackson CAP Job Club Paul Jackson **CAP Release Groups Barbara Coates Food Bank** Paul Jackson **Pastoral Care** Linda McDermott A wide range of work/tasks is undertaken: Some work is focussed on children and young people, other work is focussed on adults. All the above roles are likely to involve interaction with both under 18s and vulnerable adults. [Please tick the relevant box(es)] teaching and caring for children attending Calvary Kids leading and helping with activities for young people and liaising with parents/carers looking after babies & toddlers and liaising with parents/carers at Jolly Tots befriending and supporting CAP clients, individuals and families supporting individuals and families with foodbank offering pastoral care and support to families or individuals To be completed by the worker with children / young people / vulnerable adults I have understood the nature of the work I am to do with children, young people or vulnerable adults I have read the Safeguarding Policy produced by CCF for the protection of children, young people and vulnerable adults. I understand that it is my duty to protect the children, young people and vulnerable adults with whom I come into contact. I know what action to take if abuse is discovered or suspected. In signing this I am committing myself to this position for a minimum period of twelve months. Signed ______ Date _____ Signed by a Pastor on behalf of Calvary Christian Fellowship

Date _____