

PROTECTION OF CHILDREN & VULNERABLE ADULTS¹ - PUBLIC LIABILITY QUESTIONNAIRE FOR INDIVIDUAL CLUBS

Please complete in capital letters using ink pen and tick responses as appropriate. If any response is **Not Applicable**, please provide details of why this does not apply to your organisation. Where additional information is provided in support of a response, please tick the **Attachment** response.

For the purposes of this questionnaire,

- ¹ Vulnerable Adults are defined as any person aged 18 or over who:-
- a) is in need of assistance by reason of mental, physical or learning disability, age or illness and who:
 - b) is unable to take care of him or herself or unable to protect him or herself against significant harm or serious exploitation which may be occasioned by the acts or omissions of other people
- ² The term Employee includes any volunteer, defined as any person who performs any activity which involves spending time, unpaid (except for travelling and other approved out-of-pocket expenses), doing something for the benefit of someone (individuals or groups)
- ³ Criminal Records Bureau or CRB shall mean any Disclosure Service operated in England and Wales, Scotland or Northern Ireland

Name of Proposer/Insured

Policy Number:

	Policy/Management	YES	NO	N/A	Attachment
1.	Do you have a written Policy Statement on the protection of children or Vulnerable Adults ¹ ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Do you have documented instructions on the protection of children or Vulnerable Adults ¹ ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Do you have a written Anti-Bullying Policy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Do you have written instructions on managing behaviour and acceptable restraint?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Do you have a documented Employee ² disciplinary and grievance procedure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Do you have a designated person responsible for all issues regarding the protection of children or Vulnerable Adults ¹ ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Do you have written guidelines on the roles and responsibilities of all Employee ² and other persons providing services on your behalf.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Operational		YES	NO	N/A	Attachment
8.	Do you have a documented method to ensure continued compliance with regulations and guidance on the protection of children and Vulnerable Adults ¹ ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Are sufficient and suitable risk assessments undertaken and documented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Do you have written guidelines on the supervision of children or Vulnerable Adults ¹ where overnight accommodation is provided and/or during activities away from your main premises?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Do you have written standards of good practice for acceptable behaviour?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Do they include guidelines on personal coaching intimate care or appropriate contact?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	Do you have written guidelines on the control of the use of photographic equipment within your club?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	Do you have a separate and secure means to store material relating to allegations or concerns?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Recruitment/Employment		YES	NO	N/A	Attachment
15.	Are <u>all</u> Employees ² required to complete a written application form?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	Do you verify the identity of all applicants prior to employment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	Are written references requested and independently verified for all Employees ² ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	Are all qualifications provided independently verified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.	Do you undertake CRB ³ checks on all Employees ² prior to employment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.	Do you update CRB checks at least every 3 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.	Are all prospective Employees ² required to declare prior abuse convictions and whether they have been or ever having been the subject of any abuse investigation or enquiry?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.	Have any Employees ² past or present ever been interviewed in connection with or been the subject of any abuse investigation or enquiry?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Training/Competency		YES	NO	N/A	Attachment
23.	Does your induction training for Employees ² include awareness of the protection of children and Vulnerable Adults ¹ ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24.	Do all Employees ² receive a summary of your protection procedures for children and Vulnerable Adults ¹ ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25.	Do you record the receipt including signature by Employees ² of all policy procedures and guidelines?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26.	Do all Employees ² receive relevant training on the protection of children and Vulnerable Adults ¹ ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Incident/Complaint Handling		YES	NO	N/A	Attachment
27.	Do you have a formal procedure for dealing with complaints or concerns regarding abuse or neglect?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28.	Does it include a Whistleblower policy whereby unacceptable conduct of Employees ² can be reported without recrimination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29.	Does it include guidelines on how to respond to allegations or concerns regarding abuse or neglect?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30.	Do you have a designated person to whom all complaints or concerns regarding abuse or neglect are reported?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31.	Are all concerns or complaints concerning abuse or neglect recorded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32.	If yes, are such records retained for at least 25 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IMPORTANT

Please read the following carefully before you sign and date the Declaration.

- The questions on this form and any other details we specifically request, relate to facts considered material to underwriting the insurance. If you answer them fully and honestly you will be considered to have fulfilled your duty to disclose material facts. Failure to do so may invalidate your insurance. If in response to any of these questions you are in doubt whether a fact is material or not you should disclose it.
- You should keep your own record (including copies of letters) of all information supplied to us in arranging this insurance.

DECLARATION

- I/We declare that to the best of my/our knowledge and belief the answers given are true and complete.
- I/We agree that if any answers have been completed by any other person, such person shall be regarded as my/our agent and acting on my/our behalf, and not the agent of Royal & Sun Alliance Insurance plc.
- I/We declare that this Questionnaire is for insurance in the normal terms and conditions of Royal & Sun Alliance Insurance plc's policy and shall be incorporated in and form part of the insurance contract.

Signature of Proposer/Insured

Date

Position in Club