

Bord na nÓg – Child Protection Policy - Appendices

Bord na nÓg – Child Protection Policy - Definitions within the policy

Staff – Bord na nÓg Committee Members are also known as staff members. Committee members are not employed.

Volunteers- Volunteers are anyone who donates their time to Bord na nÓg be they long-term, short-term or occasional volunteers

Young Person – Person under 18 years of age. Bord na nÓg caters for children up to and including 18 years of age.

Neglect – Where a child suffers significant harm or impairment of development by being deprived of food, clothing, warmth, intellectual stimulation, supervision and safety, attachment to and affection from adults or medical care – *Children First; Dept of Health & Children; 1999; page 31*

Emotional Abuse – When a child's needs for affection, approval, consistency and security are not met – *Children First; Dept of Health & Children; 1999; page 31*

Physical Abuse – is any form of non-accidental injury or injury which results in wilful or neglectful failure to protect a child – *Children first; Dept of Health & Children; 1999; page 32*

Sexual Abuse – Occurs when a child is used by another person for his or her gratification or sexual arousal, or for that of others. This includes consensual sexual activity involving an adult and an underage person (less than 17 years of age). *Children First; Dept of Health & Children; 1999; page 33.*

Definitions -**A child:** For the purpose of this policy we define a child as any person under the age of 18 years.

Vulnerable Adult: A vulnerable adult, as referred to in this policy is an adult who is aged 18 years or over who is or maybe in need of community care services by reasons of mental health or other disability, age, or illness and is or maybe unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation. In so far as this policy refers where it refers to children it equally applies to vulnerable adults.

Bord na nÓg – Child Protection Policy – Legislative Impact on the Policy

The main legislation governing the care and protection of children is the Child Care Act, 1991. The Domestic Violence Act, 1996 and the Protection of Persons Reporting Child Abuse Act, 1998 are also relevant to child protection and welfare.

The following legislation impacts on the policy:

- The Child Care Act, 1991
- Domestic Violence Act, 1996
- Protection for Persons Reporting Child Abuse Act, 1998
- The Data Protection Act, 1988
- The Education Act, 1998
- The Non-Fatal Offences Against the Person Act, 1997
- Freedom of Information Act, 1997

Children First; Department of Health & Children; 1999; pages 25-28

Protection for Persons Reporting Child Abuse

The Protection for Persons Reporting Child Abuse Act, 1998 provides immunity from civil liability to persons who report child abuse “reasonably and in good faith” to the HSE or An Garda Síochána. This means that even if a reported suspicion of child abuse proves unfounded a plaintiff who took an action would have to prove that the reporter had not acted reasonably and in good faith in making the report.

This protection applies to organisations and to individuals. It is considered therefore that organisations should assume full responsibility for reporting suspected child abuse to the appropriate authorities. Reports to the HSE and to the Gardaí should be made by the Child Protection Officer, as per the organisation’s policy and guidelines.

Section 3 (1) of the Act states:

“3. (1) A person who apart from this section, would be so liable shall not be liable in damages in respect of the communication, whether in writing or otherwise, by him or her to an appropriate person of his or her opinion that-

(a) A child has been or is being assaulted, ill-treated, neglected or sexually abused, or

(b) A child’s health development or welfare has been or is being avoidably impaired or neglected,

Unless it is proven that he or she has not acted reasonably and in good faith in forming that opinion and communicating it to the appropriate person”.

Kilmeena Bord na nÓg

Chairperson: Willie Keaveney **Secretary:** Trish Hogan

WEB: www.kilmeenagaclub.ie

Standard Reporting Form (Appendix 1)

Private and Confidential

In case of emergency or outside HSE hours, contact should be made with An Garda Síochána.

1. Details of Child:

Name: _____ Male: ☐ Female: ☐

Address: _____
_____ Age/DOB: _____

School: _____

Mother's Name: _____ Father's Name: _____

Address: _____ Address: _____

Tel: _____ Tel: _____

Care and custody arrangements for the child (if known):

Members of Household:

Name	Relationship	DOB	Additional Info

2. Details of concern(s), or incident(s), dates, times, who was present, description of any observed injuries, parent's view, child's view(s) (if known)

3. Details of Person(s) allegedly causing concern in relation to the child

Name: _____ Age: _____ Male: ☐ Female: ☐

Address: _____

Relationship: _____

Occupation: _____

4. Name and Address of other personnel/agencies involved with this child:

Social Workers: _____ School: _____

Public Health Nurse: _____ G.P. _____

An Garda Síochána: _____ Other: _____

Youth Club: _____

5. Are Parents/Legal Guardians aware of this referral to the HSE/Social Services?

Yes ☐ No ☐

If yes, what is their attitude:

6. Details of Person Reporting Concerns:

Name: _____ **Occupation:** _____

Address: _____

Telephone Number: _____ **Mobile:** _____

Nature and extent of contact with Child/Family:

7. Details of Person completing this form:

Name: _____ **Date:** _____

Occupation: _____ **Signed:** _____

Note: This Form should be printed on yellow paper

Copy to be sent to HSE Designate

Copy to be held on file by Child Protection Designated Person

Kilmeena Bord na nÓg– Child Protection Policy – Emergency Contact List (Appendix 2)

Emergency Contacts	Telephone
An Garda Síochána/Fire Brigade/Mountain Rescue	999 / 911
An Garda Síochána Westport	098 25555
Dr. Keane	098 27666
Dr. Collins	098 28933
Dr. Horgan	098 27865
Joe McGovern (Dentist)	098 28753
Castlebar General Hospital	094 9021733
Westdoc	1850 365000
Westport Fire Brigade	098 25586
William Keaveney Chairman Trish Hogan Secretary	086 2592837 086 8281455
Golden's Chemist	098 28011
Tracey's Chemist	098 25474
Heaney's Chemist	098 28200

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Referee Request Form (Appendix 3)

Applicants Name: _____

Please state how long you have known the applicant:

In what capacity:

Comment on their skills, knowledge and experience:

Ability to relate to peers/professionals/young people/families:

Ability to act in a manner consistent with the required professional standards:

What are your views on their suitability for working with young people:

Signed: _____

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Confidential – Declaration Form (Appendix 4)

Declaration from all staff (Bord na nÓg Committee), volunteers and other associates working with Children and Young People (*Adapted from Our Duty of Care,*)

Surname: _____

Forename: _____

Date of Birth: _____

Place of Birth: _____

Any other name previously known by: _____

Have you ever been convicted of a criminal offence or been subject of a Caution or of a Bound-Over Order?

Yes: _____ **No:** _____

If yes, please state below the nature and date(s) of the offence(s):

Nature of Offence	Date of Offence

Signed: _____ **Date:** _____

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Child Protection Policy - Incident Reporting Form (Appendix 5)

Date: _____ **Time:** _____

Place: _____

**Type of Incident, e.g. disturbance, theft, accident, vandalism
etc.** _____

Staff/Volunteers Involved:

Person(s) involved in incident:

Description of Incident – include time, those involved, clearly and logically:

Names & Addresses of Witnesses:

Action Taken:

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“A signed consent form is a condition of participation in this activity for those under the age of 18”

Kilmeena Bord na nÓg - Parental Consent/Health Form (Appendix 6)

Please complete this form and return it to: _____

_____ (Activity Leader)

All information is strictly confidential and should be as detailed as possible

Name of Young Person(s): _____

Address: _____

Telephone: _____

Date of Birth: _____

GP Name: _____

I am willing for _____ (young person's name) to participate
in _____ (activity/event).

Furthermore,

I permit _____ (young person's name) to only travel
on transport that has been designated as official for the purpose of this event (e.g. minibus/coach)

Yes ☐ No ☐

Menu Options: Burger & Chips ____ Healthy Meals Option ____

What individual special needs do we need to cater for or be aware of? (Dietary, Physical, Language)

What medical issues do we need to be aware of?

Medication

_____ (young person's name) has the following medical condition and/or allergies, and requires the following medication. (Please ensure the young person has sufficient medication for the duration of the activity/trip).

Medical Condition	Medication	Allergies

If the young person is unable to administer the medication themselves:

I give permission for the Activity Leader/Designated Person/First-Aider to give

_____ (young person's name) the following medication

_____ (medication, dosage, frequency). I enclose a letter from the GP stating that the Activity Leader/Designated Person/First-Aider can administer the medication.

Emergency Contacts

Parent/Guardian: _____

Address: _____

Relation to Young Person: _____

Telephone (Home): _____

Telephone (Work/Mobile): _____

Alternative Contact: _____

Address: _____

Relation to Young Person: _____

Telephone (Home): _____

Telephone (Work/Mobile): _____

(Consent must be provided by the person with parental responsibility)

Signature: _____

Date: _____

Child Protection Policy – Complaints Form (Appendix 7)

Name: _____ **Date:** _____

Contact Details:

Please describe briefly the issue/incident which has caused you concern:

[illegible]

Please give us the names and contact details of any witness:

Signed: _____

Date: _____

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1. PERSONAL INFORMATION

Name: _____

Address: _____

Date of Birth: _____

Phone: _____ EMAIL: _____

Do you hold a current full driving licence? _____

Do you own a car? _____

2. EDUCATIONAL BACKGROUND

Date	School/College/University	Course/Qualification

3. PREVIOUS EMPLOYMENT HISTORY

Dates	Employers Name	Positions Held/Duties

(Interests and skills e.g. drama, outdoor activities, manual skills, group work, previous volunteer work etc)

5. YOUR MOTIVATION

In no more than 100 words, please explain why you wish to be a volunteer,

6. COMPUTER/IT SKILLS:

7. **DO YOU SUFFER FROM ANY ILLNESS OR DISABILITY?** Yes: ____ No: ____

If yes, please give details: (*medication, dosages, frequency*)

8. **DO YOU HAVE A POLICE/GARDA RECORD OR IS THERE ANY LEGAL ACTIONS CURRENTLY
BEING TAKEN AGAINST YOU?** Yes: ____ No: ____

If yes, please give details:

9. **ARE YOU AWARE OF ANY REASON WHY YOU SHOULD NOT WORK WITH CHILDREN?**

Yes: ____ No: ____ If yes, please give us details:

10. REFEREES: Please give the names and contact details of two referees who are not relatives and who can comment on your suitability for a position working with children.

Name: _____	Name: _____
Address: _____	Address: _____
EMAIL: _____	EMAIL: _____
Phone: _____	Phone: _____

DECLARATION:

It is important that you read this declaration carefully and then sign.

"I declare to the best of my knowledge and belief that there is nothing in relation to my conduct, character or personal background of any nature that would adversely affect the position of trust in which I would be placed by virtue of this appointment. I hereby confirm my irrevocable consent to Kilmeena Bord na nÓg to making such enquiries as they deem necessary in respect of my suitability for the position in respect of which this application is made. I hereby accept and confirm the entitlement of Bord na nÓg to reject my application or to terminate my stay of contract if I have omitted to furnish any information relevant to my application or where I have made any false statement or misrepresentation relevant to this application".

Furthermore, I hereby declare that all the particulars furnished on this application are true, and that I am aware of the Qualifications/Training and particulars necessary for this position. I understand that any false or misleading information submitted by me will render me liable to automatic disqualification.

FAILURE TO SIGN APPLICATION FORM WILL RENDER IT INVALID.

Signature of Applicant: _____

Date: _____

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Clubs Code of Conduct/Behaviour for: Parents, Adults & Supporters (App 10)

1. If children are interested, encourage them to play healthy active sports. However, if a child is not willing to play, do not force him or her to do so.
2. Focus on the child's efforts and performance, rather than the overall outcome of the event. This assists the child in setting realistic goals related to his/her ability by reducing the emphasis on winning.
3. Teach the child that an honest effort is as important as victory, so that the result of each event is accepted without undue disappointment.
4. Encourage children to **always** participate according to the rules.
5. Never shout at or ridicule a child for making a mistake or losing an event.
6. Remember that children learn best from example. Applaud good performances by all players, even from opposing teams.
7. If you disagree with an official, raise the issue through the appropriate channels rather than question the official's judgement. It is important to point out that **all** officials give their time and effort for your child's/children's involvement.
8. Support all efforts to remove both Verbal, **Physical** and **Emotional Abuse** from sporting activities, where it exists.
9. Recognise the value and importance of volunteer ***coaches, leaders, organisers and officials***. They give of their time and resources to provide recreational activities for the players and deserve your support.
10. **The use of drugs, alcohol and tobacco must be actively discouraged as being incompatible with a healthy approach to sporting activity.**
11. **Remember your behaviour to players, other officials, and opponents will have an effect on the players in your care.**

This Code of Conduct for **Parents/Adults and Supporters** is accepted and fully endorsed by Kilmeena Bord na nÓg. This is recognised by the Irish Sports Council in their *"Code of Conduct and Best Practice Plan in Sport"*.

Kilmeena Bord na nÓg

Club Code of Conduct/Behaviour for: **PLAYERS** (Appendix 10)

1. Compete for the **“fun of it”** and not just to please parents and coaches.
2. Work equally hard for yourself and your team. Your team’s performance will benefit, and so will you!
3. **Always play by the rules.**
4. Never argue with an Official. Always show respect.
5. Control your temper. Verbal abuse directed at Officials or other Players, provoking an opponent, feigning a foul/injury or throwing/damaging equipment is not acceptable or permitted in this sport!
6. Be a good sport. Cheer all good performances, whether they are by your team member or an opponent. Shake hands before and after the game as a show of being a good sport.
7. Treat all players as you would like to be treated. Do not bully or take unfair advantage of another player.
8. Co-operate with your manager/coach, team mates, opponents and Bord na nÓg Officials. Without them there would be no competition. Avoid **negative social behaviours** associated with cliques etc.
9. Players will respect the facilities provided to them. They will not litter or vandalise in any form the premises ground, or transport, that is being used. Severe disciplinary penalties will ensue if they do.
10. Players will not take any banned substances.
11. Players will not tell lies about adults/young people, spread rumours, or keep secrets, especially if they have been harmed.
12. Player’s will not use mobile phones with the capacity to record images or video in certain locations i.e. changing rooms nor will they post such images on any social Networking Sites without the express permission of that player.

This Code of Conduct/Behaviour for **Players** is accepted and fully endorsed by **Kilmeena Bord na nÓg**. This is recognised by the Irish Sports Council in their *“Code of Conduct and Best Practice in Sport”*.

APPENDIX 11

Acceptance of Kilmeena Bord na nÓg Child Protection Policy

Declaration from all Bord na nÓg Committee & Volunteers working with children and young people

Surname _____ Forename _____

Date of Birth _____

Address _____

Contact Phone Number _____

I have read the Kilmeena Bord na nÓg Club's Child Protection Policy and code of behaviour and agree to abide by its contents.

Parents Signature: _____

Child's Signature: _____

Date: _____