

S6.C Template 1: Form for Use with Associations of the Faithful

As [NAME OF CHURCH BODY], we welcome other organisations/groups/ who seek to minister with children and promote good child safeguarding practice within the Catholic Church in Ireland. We need to be assured that all reasonable steps have been taken to safeguard children and young people. The responsibility for complying with good safeguarding practice (including safe recruitment and vetting) rests with you [NAME OF ASSOCIATION] and not with the Church body.

The [NAME OF CHURCH BODY] as a member of the NBSCCCI adheres to the Safeguarding policy A safe and Welcoming Church Safeguarding Children Policy and Standards for the Catholic Church in Ireland 2024. Any group operating under the name or auspice of the Church body will comply with these requirements.

It is a requirement that all groups working with children in the Church body and/or using facilities owned by the Church body are insured, and that they have a child safeguarding policy in place.

The general principle is that the obligation to comply with requirements relating to insurance and child safeguarding rests with the apostolate, and not with the Church body.

It is the responsibility of the apostolate ministering with children to ensure that they comply with all applicable child safeguarding and protection legislation and guidelines.

As an Association you must have your own child safeguarding policy and procedures. You are also responsible for liaising with Tusla/HSCT (Health and Social Care Trust) (as appropriate), to ensure that the policy and procedures meet the statutory requirements.

As an Association you must have appropriate insurance for the ministry you are engaged in.

The Church body must have confirmation in writing from you that you have a child safeguarding policy in place. It is not the role of the Church body to validate the adequacy of the policy; that is the responsibility of Tusla/HSCT.

[NAME OF CHURCH BODY] requires confirmation in writing that you have appropriate insurance in place, which includes the following:

- The name of your insurers;
- The policy number;
- The period of cover of the policy;
- The limit of indemnity.

We would ask that you complete the following questionnaire. If any response is not applicable (N/A), please provide details of why this does not apply to your organisation.

If you feel your application requires further information, please attach on an additional page. Please indicate when additional information is provided in support of your application.