

APPENDIX 2

SAFEGUARDING FOR THOSE WORKING WITH CHILDREN ON THE PREMISES AT ACS

In line with School's Safeguarding policy if you are an organisation working with children the following information must be provided before acceptance of the Hire.

Name of Organisation	
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LIABILITY INSURANCE

Name of Company	
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Valid from Date	DD / MM / YYYY	Expiry Date	DD / MM / YYYY
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Office use	Copy Provided	Date	DD / MM / YYYY
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Risk Assessment	Provided <input type="checkbox"/>	Hirer's Copy of Child Protection Statement/Policy	Provided <input type="checkbox"/>
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Proof of DBS Checks	See below
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Forename	Surname	DBS Number	DBS Issue Date	Is DBS Enhanced Child WorkForce with Children's Barred Check?	Safeguarding Expiry Date	First Aid Expiry Date	Qualifications	Comments
			DD / MM / YYYY	<input type="checkbox"/> Yes <input type="checkbox"/> No	DD / MM / YYYY	DD / MM / YYYY		
			DD / MM / YYYY	<input type="checkbox"/> Yes <input type="checkbox"/> No	DD / MM / YYYY	DD / MM / YYYY		
			DD / MM / YYYY	<input type="checkbox"/> Yes <input type="checkbox"/> No	DD / MM / YYYY	DD / MM / YYYY		
			DD / MM / YYYY	<input type="checkbox"/> Yes <input type="checkbox"/> No	DD / MM / YYYY	DD / MM / YYYY		
			DD / MM / YYYY	<input type="checkbox"/> Yes <input type="checkbox"/> No	DD / MM / YYYY	DD / MM / YYYY		

			DD / MM / YYYY	<input type="checkbox"/> Yes <input type="checkbox"/> No	DD / MM / YYYY	DD / MM / YYYY		
			DD / MM / YYYY	<input type="checkbox"/> Yes <input type="checkbox"/> No	DD / MM / YYYY	DD / MM / YYYY		
			DD / MM / YYYY	<input type="checkbox"/> Yes <input type="checkbox"/> No	DD / MM / YYYY	DD / MM / YYYY		
			DD / MM / YYYY	<input type="checkbox"/> Yes <input type="checkbox"/> No	DD / MM / YYYY	DD / MM / YYYY		
			DD / MM / YYYY	<input type="checkbox"/> Yes <input type="checkbox"/> No	DD / MM / YYYY	DD / MM / YYYY		
			DD / MM / YYYY	<input type="checkbox"/> Yes <input type="checkbox"/> No	DD / MM / YYYY	DD / MM / YYYY		
			DD / MM / YYYY	<input type="checkbox"/> Yes <input type="checkbox"/> No	DD / MM / YYYY	DD / MM / YYYY		
			DD / MM / YYYY	<input type="checkbox"/> Yes <input type="checkbox"/> No	DD / MM / YYYY	DD / MM / YYYY		
			DD / MM / YYYY	<input type="checkbox"/> Yes <input type="checkbox"/> No	DD / MM / YYYY	DD / MM / YYYY		
			DD / MM / YYYY	<input type="checkbox"/> Yes <input type="checkbox"/> No	DD / MM / YYYY	DD / MM / YYYY		
			DD / MM / YYYY	<input type="checkbox"/> Yes <input type="checkbox"/> No	DD / MM / YYYY	DD / MM / YYYY		