
PROTECTION OF CHILDREN & VULNERABLE ADULTS STATEMENT OF FACT

This Statement of Fact forms part of your insurance contract with the Insurer as defined in your Policy.

All the information in this Statement of Fact is material.

The information recorded in this document has been material to our assessment of 1) your eligibility for this insurance Policy; 2) the terms and conditions applying to your Policy; 3) your insurance premium.

Insured

Policy/Management and Operational Procedures

- You / Your organisation have a written Policy Statement and documented instructions on the protection of children and vulnerable adults.
- You / Your organisation have a designated person responsible for all issues regarding the protection of children and vulnerable adults.
- You / Your organisation have documented volunteer and employee disciplinary and grievance procedures.
- You / Your organisation have a written Anti-Bullying Policy.
- You / Your organisation have written standards of good practice for acceptable behaviour.
- You / Your organisation undertake and document sufficient and suitable risk assessments for all activities involving children and vulnerable adults including activities away from your own premises involving supervision of children or vulnerable adults.
- You / Your organisation have written guidelines on the control of the use of photographic equipment within your organisation.
- You / Your organisation have documented procedures to ensure continued compliance with regulations and guidance on the protection of children and vulnerable adults.

Recruitment/Employment

- You / Your organisation risk assess and document all volunteer and employee roles within your organisation.
- You / Your organisation confirm where the role involves **frequent** (once a week or more) or **intensive** (four days in one month or more or overnight) contact with children or vulnerable adults you require that:
 - all volunteers and employees complete a written application form and their identity is verified before commencing the role for which they are applying.
 - at least two written references are obtained and independently verified.
 - Disclosure and Barring Service (DBS)/Criminal Records Bureau (CRB) checks are obtained for volunteers and employees prior to employment and updated at least every three years for existing employees and volunteers
- You / Your organisation confirm all prospective volunteers and employees are required to declare prior abuse convictions and whether they are currently or have ever been the subject of any investigation or enquiry into abuse or other inappropriate behaviour.
- You / Your organisation confirm there have been no volunteers or employees past or present that have been interviewed in connection with or been the subject of any investigation or enquiry into abuse or other inappropriate behaviour.

Training/Competency

- You / Your organisation confirm volunteers and employees receive child and vulnerable adult protection training relevant to their role and for which they sign to acknowledge receipt.

- You / Your organisation confirm copies of your written policies and procedures are available to volunteers and employees.

Incident/Complaint Handling

- You / Your organisation have written procedures detailing how any person suspecting abuse or neglect may complain.
- You / Your organisation have formal procedures for dealing with concerns or complaints relative to abuse or neglect.
- You / Your organisation have guidelines on how to respond to allegations or concerns regarding abuse or neglect.
- You / Your organisation have a designated person responsible for dealing with all concerns or complaints regarding abuse or neglect.
- You / Your organisation require that concerns/complaints about abuse or neglect are recorded, kept securely and retained for a suitable period.
- You / Your organisation are not aware after enquiry of any claim or circumstance which might give rise to a claim against You any representative or person insured under **Abuse Insurance**.

Please complete

I have read all of the above statements and confirm on behalf of our organisation;

Tick box that applies

Yes - I confirm we are able to comply fully with each statement

No - I confirm we are unable to comply fully with each statement

(Please mark clearly with an 'x' all statements you are unable to comply with)

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 Insurers.
- I/We declare that this Questionnaire is for insurance in the normal terms and conditions of Hiscox Insurance company policy and shall be incorporated in and form part of the insurance contract.

Signature of proposer/insured

Date

Name (block capitals)

Status/position in organisation