IMPORTANT NOTE TO BAPTIST CHURCHES

Resulting from the Royal Commission in to Child Sexual Abuse, requirements for insuring organisations against liability for child sexual abuse/molestation have tightened considerably.

In order to provide a continuation of Molestation Cover for your church, our Insurer, CCI, requires the church to agree to address any gaps in the policies and procedures so that as a minimum you have the policies/procedures as set out below:

1. A policy committing the organisation to providing a safe environment for children and vulnerable adults. 🡪 **See “Sample Church Safety Policy”**

2. A Code of Practice covering pastors, employees and volunteers who may come into contact with children and vulnerable adults. 🡪 **See “Molestation Insurance Code of Conduct”**

3. A process for screening applicants for ministry, employment and volunteering, including referee checks and working with children/criminal record checks. 🡪 **See “Sample Church Safety Policy”**

4. A process for handling allegations of sexual abuse. 🡪 **See “Sample Reporting and Handling Allegations of Sexual Abuse”**

5. A process for complying with mandatory reporting obligations. **🡪 See “Sample Reporting and Handling Allegations of Sexual Abuse”**

6. Training for pastors, employees and volunteers in the above policies/procedures. 🡪 **Sample Church Safety Policy”**

Each State Union Office has template policies for the above. The BUV Office is in the process of compiling a package of resources to assist churches in complying with the insurer’s requirements. This will be made available on the Safe Church Resources section of the BUV website ASAP.

After viewing these resources, if churches require further assistance with this matter, they should contact **BUV Safe Church Consultant,** **Vicky Dyer via email - vicky.dyer@buv.com.au.**

These policies must be communicated to your staff, leaders and those in ministry and members, so appropriate education across the board is implemented on an ongoing basis.

Once you have the above policies in place, please complete the attached *Implementation of Policies & Procedures Declaration* and return to your local Baptist Insurance Services Manager on insurance@baptistinsurance.com.au

***The deadline for this to ensure cover is May 2020.***

 ***If you fail to meet this deadline, should a molestation claim be directed to your church,***

 ***there will be no cover. All claim and defence costs will be borne by the Church.***

**IMPLEMENTATION OF POLICIES/PROCEDURES DECLARATION**

Name of Church:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Church:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact phone/email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name of Church) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby declares that the following policies/procedures are in place:

|  |  |
| --- | --- |
| Policy/Procedure | ✓ |
| A policy committing the organisation to providing a safe environment for children and vulnerable adults |  |
| A Code of Practice covering clergy, employees and volunteers who may come into contact with children and vulnerable adults |  |
| A process for screening applicants for ministry, employment and volunteering, including referee checks and working with children/criminal record checks |  |
| A process for handling allegations of sexual abuse |  |
| A process for complying with mandatory reporting obligations |  |
| Training for clergy, employees and volunteers in the above policies/procedures |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name & Position in Church)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Date)

*Email this Declaration to your local Baptist Insurance Services Manager on insurance@baptistinsurance.com.au*