

Visitor's Declaration Form

This form can be filled by the visitor, prior to arrival or on arrival at the venue.

| Name of visitor: |
|---|
| Address: |
| Contact: |
| Male: Female : er: |
| Name of the ministry/community: |
| Date of visit: |
| Purpose of visit: |
| Code of Conduct |
| WILL |
| Treat all children and person/s in vulnerable situation/s with respect, compassion |
| dignity, and equity. Exercise positive, appropriate behavior to all children and person/s in vulnerable situation/s I encounter. |
| Be aware of the Congregation/ local Safeguarding Policy.¹ |
| Report any concerns or incidents of abuse (Report to the Safeguarding Contact Person). |
| Not photograph/video or collect stories about children or person/s in vulnerable situation/s. |
| Not share my personal contact details (such as Facebook, email, phone numbers home, work or hotel addresses) with any survivor or their family. |
| Not reveal the location of the center or any confidential information. |
| have read and understood this information and I agree to adhere to this Code of onduct. |
| ignature of visitor: |
| ate: |
| For use by the Safeguarding Focal Person/s |
| |
| Progress Report Received: Yes No No |
| Received by: Date Received: |
| Date Neceiveu. |



¹A copy of the safeguarding policy may be made available to the visitor in advance.