

**SAFE MINISTRY COORDINATOR REPORT (MONTHLY)**

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| **Parish:** |   | **Date:** |   |
| **For the Month:** |   |  |  |
| **Safe Ministry Coordinator:** |   |  |  |

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| **GROUPS & REGULAR ACTIVITIES (Faithfulness In Service Section 5.25-)** |

**During the month the following children’s ministry activities were run on church property:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Group/Activity** | **Adults in attendance****List individuals by full name** | **Safe Ministry Clearance Yes/No** | **Number of Children in attendance**  |
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**During the month the following children’s ministry activities were run away from church property:**

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| **Date** | **Group/Activity** | **Adults in attendance****List individuals by full name** | **Safe Ministry Clearance Yes/No** | **Number of Children in attendance**  |
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**During the month, the following external service providers were engaged to provide ministry to children (Faithfulness in Service 5.24):**

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| --- | --- | --- | --- | --- | --- |
| **Date** | **Activity** | **Company** | **Name of individuals**  | **Safe Ministry Clearance Yes/No** | **Number of Children in attendance**  |
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**During the month, the following incidents & concerns were identified:**

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| **Date** | **Reported by** | **Nature of incident/Action taken** |
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| **SAFE MINISTRY COORDINATOR:** |

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| --- | --- | --- | --- |
| **Name:** |  |  |  |
| **Signed:** |  | **Date:** |  |

*Please sign and date this report and return to the Safe Ministry Unit* *safeministry@adelaideanglicans.com*