

CONFIDENTIAL**Appendix**

**THE SALVATION ARMY
WRITTEN AGREEMENT & STATEMENT OF UNDERSTANDING**

(Copies to be sent to the Divisional Commander and to THQ Professional Standards Office. One copy to be kept under confidential cover at corps or centre.)

I recognise that The Salvation Army has a duty to protect the children and young people who come into its centres and that it has responsibility to help me stay offence-free and protect me from undue temptations. As a result, I agree to sign, accept and comply with this Written Agreement and Statement of Understanding.

Name: _____

Address: _____

Date of birth: _____

Telephone number: _____

Mobile Number: _____

Email: _____

Other persons living at the above address: _____

**CONDITIONS OF ATTENDING ALL SALVATION ARMY
CORPS/CENTRES**

- I agree to stay in the company of adults at all times and as a result agree never to be alone with children or young people.
- I will attend only those meetings that have been agreed by the corps officer and representatives of the Pastoral Care Council.

Those meetings are: _____

- When attending the corps, I will sit with adults and I agree not to sit in the vicinity of children or young people.

Management of sex offenders in Salvation Army fellowships

- I will not enter any areas designated 'no go' areas by the corps/centre leadership. Unless stated otherwise, the 'no go' areas are all areas except the main auditorium, foyer and disabled toilet. (The toilet must be checked every time by a corps/centre leader before I will enter it.)
- I will participate only in corps activities that are exclusive to adults and agreed as acceptable by the corps officer and representatives of the Pastoral Care Council.

Those activities are: _____

- I agree I will not accept any invitation to or attend any house group, Bible study group or other similar meetings related to Salvation Army fellowship or business where there are children present. I must gain the consent of the corps officer before attending any such group.
- I agree not to bring a mobile phone to the corps and I accept that I will not be able to use any photographic, video, recording or computer equipment whilst on corps premises or at any other Salvation Army fellowship regardless of location.
- I accept that there are certain people who will need to be given information about my conviction. This will be done on a strict 'need to know' basis and with an understanding of discretion and confidentiality.
- I accept that this agreement applies to all Salvation Army corps and centres and, as such, it will be necessary to inform the relevant personnel at other Salvation Army corps and centres that I may attend.
- Whilst there is a commitment to confidentiality, I understand there may be on occasions time when I will need to contact or speak to staff at DHQ/THQ and the statutory criminal justice agencies.
- I accept that there will be ongoing contact with my probation officer and/or a designated police officer.

My probation officer is _____

Period of supervision commences ___/___/___ and ends ___/___/___

Probation office address and telephone number: _____

The police officer from the Sex Offender Registration Unit is _____

Period of registration commences ___/___/___ and ends ___/___/___

Management of sex offenders in Salvation Army fellowships

Police station address and telephone number is _____

SUPPORTING YOU

The Salvation Army also wants to support you to stay offence/abuse-free, care for you and encourage your spiritual growth. With this in mind:

- I agree to co-operate with the support network and procedures, which will care for me and help me:
 - avoid any future offending
 - recognise risky thoughts or behaviours
 - deal with any public reaction or outbursts
 - talk openly about related issues

- I will supply/agree to a list of at least four people within The Salvation Army who know about my offending and are prepared to support me in my resolve to live an offence/abuse-free life:

Names: 1. _____

2. _____

3. _____

4. _____

- I agree to contact one of these people if I am slipping back into thoughts or behaviour relating to offending.
- I have in place a current Relapse Prevention Plan Yes / No
- I accept that my pastoral care will be provided by the following people:

OTHER MATTERS

- I understand that a file containing relevant information about my case will be kept. This will be stored in a secure place and will be accessible only to the corps officer, YPSM, Youth Co-ordinator, DHQ and THQ staff.
- I understand that this document will remain for an indefinite period and will be reviewed and updated regularly, every _____ months.
- I understand that if I move to another corps or church, this file may be forwarded. This will be discussed with me at the time but the ultimate decision rests with the Territorial Child Protection Co-ordinator.

- I accept that I am welcome to be part of The Salvation Army fellowship provided I comply with the conditions of this Agreement at all times. I recognise that if the information provided is inaccurate or any of these conditions are broken, The Salvation Army will have no alternative but to:
 - Exclude me from attending the corps / centre
 - Report this breach of trust to my probation officer, police service representative and The Salvation Army administration
 - Consider advising the corps/church congregation

I have read, understood and accepted the conditions of this document.

Signed: _____

Name: _____

Witness by _____ Designation _____
(Corps Officer or DC)

Name: _____

Date: _____