

Abuse Declaration Form

GENERAL INFORMATION

Name of Non-Profit Housing Corporation		HSC Number	
Mailing address – Line 1			
Mailing address – Line 2			
City		Province	Postal Code
Contact Person		Position	
Phone ()	Fax ()	Email	

ABUSE DECLARATION FORM

- Date Protocol created or amended?
- Indicate the number of Councilors and Staff
- Have you attached the Abuse Protocol document
 Yes No
- Is(are) the following item(s) being included in your Abuse Protocol document:

Item	Included	Page/Section	Comments
Definition of physical abuse / harm	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Definition of physical neglect	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Definition of emotional abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Definition of sexual abuse including sexual misconduct / exploitation	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Definition of children and youth	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Definition of vulnerable adults	<input type="checkbox"/> Yes <input type="checkbox"/> No		

- Does the Abuse protocol document included or make reference to the following:

Item	Included	Page/Section	Comments
Focus on prevention of abuse, harm or neglect? (Not merely handling abuse allegation)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Intends to cover vulnerable adults as well as children and youth?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Apply to full time and part time staff	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Set out minimum procedures that must be followed by all entities, employees and volunteers.	<input type="checkbox"/> Yes <input type="checkbox"/> No		

- Does the Abuse protocol implementation or its enforcement includes:

Item	Included	Page/Section	Comments
Has legal counsel reviewed the protocol?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is one person or organization responsible for implementing the protocol for each entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is a copy of the protocol provided to each entity within the organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is one person/organization responsible for monitoring compliance and conducting audits?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

- Does the recruitment process includes:

Item	Included	Page/Section	Comments
Steps that must be taken to screen out unacceptable employees? The completion, for all employees, volunteers and entities, of an application by the prospect? If Yes, attach the application.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
To ask for at least three references from the prospect stating that these should not be related to the insured person/entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
That references must be checked before an offer is made to the person/entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Telling the references that the prospect will be working with children and/or vulnerable adults?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Asking the references if there is any reason why the prospect should not be placed in the offered position?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
To check police records and/or abuse registry for every prospective employee or volunteer who will be working with children or vulnerable adults?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
A written description completed for each position outlining the responsibilities and obligations of each employee or volunteer position? If Yes, attach a sample description for an employee and volunteer.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Making the employee or volunteer signing a standard code of conduct? If Yes, attach the standard code of conduct	<input type="checkbox"/> Yes <input type="checkbox"/> No		

8. Does your training and orientation process includes:

Item	Included	Page/Section	Comments
Are all the new employees and volunteers trained in job duties, safety and abuse prevention procedures before they work with children or vulnerable adults?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are all the new employees and volunteers provided with a mentor/supervisor during the orientation period? If yes, please indicate the length of the orientation period.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is there a procedure that states that new employees or volunteers must not be left alone with children or vulnerable adults during the orientation period?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Does the protocol states that certain specific groups may require more stringent procedures? (i.e.: camps that require accreditation by camping association)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are training records maintained with the Human resources file? If Yes, for how long?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Does your training and orientation process includes:

Item	Last time performed	By whom	Comments
How frequently and by whom are:			
The abuse protocol being reviewed?			
The recruitment application reviewed and updated?			
The code of conduct reviewed and updated?			
Random audits been conducted of all aspects of recruitment process?			
Random audits conducted of the protocol implementation process?			
Documentation for the recruitment, training, orientation and implementation process?			

10. Have any allegations of abuse in any form been made against the organization, employees or any person associated with the organization during the past 10 years?

Date of Loss (dd/mm/yyyy)	Cause of Loss	Reserve Amount	Amount Paid
		\$	\$
		\$	\$
		\$	\$

PRIVACY WORDING

PRIVACY: Have you read Marsh's Privacy Policy which is available at www.marsh.ca? Do you consent to the collection, use, disclosure and retention of your Personal Information as set out in the Privacy Policy, and do you understand that you may (subject to certain restrictions and consequences) later withdraw your consent as to any or all of the purposes identified in that Policy?

By signing this form you are consenting to the statements above.

SIGNATURE

Name (please print)	Signature (Signed by authorized officer, partner or principal)
Title	
Date (mm/dd/yyyy)	