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| **Outer East Football Netball Club Child Safety Annual Audit** | |
| Club Name: |  |
| Name of person completing audit |  |
| Club position: |  |
| Email Address: |  |
| Phone number: |  |
| Date completed: |  |

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| Club’s Child Safety Officer: |  |  |
| Email address: |  |  |
| Phone number: |  |  |

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|  | **Yes** | **No** | **Notes** |
| Child Safety Officer trained |  |  |  |
| All club executive, staff and volunteers hold valid Working with Children Checks |  |  |  |
| Working with Children Check Register is up to date and provided to OEFN |  |  |  |
| Club has own or has adopted OEFN Child Safety and Wellbeing Policy |  |  |  |
| Club has own or has adopted OEFN Child Safety Code of Conduct |  |  |  |
| Club has inducted and reminded staff and volunteers of the child safety and wellbeing policy and code of conduct |  |  |  |
| Club has policy and code of conduct on their website |  |  |  |
| Club has completed referee checks for those engaged in child related work |  |  |  |
| Club has child safety posters publicly displayed |  |  |  |
| Child safety is an ongoing agenda item during committee meetings |  |  |  |
| The club has met child safety breaches seriously and reported to authorities if and when required |  |  |  |

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| I declare that all information provided in this audit is true and correct | |
| Name: |  |
| Signed: |  |