

**Catholic Archdiocese of Perth**

**SAFEGUARDING SURVEY**

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| **Purpose:** |
| To assess and understand your perspectives, concerns, and experiences of safeguarding of children and vulnerable individuals in your community. This feedback will help to identify the effectiveness of existing practices and address potential safeguarding concerns affecting the child or adult.  |
| **Who:** |
| Parents and Carers. |
| **Instructions:** |
| Before submitting the form, carefully review all your answers to ensure accuracy. By participating thoughtfully, you are helping to promote a safe environment. Please use additional pages if needed.Upon completion, the form is to be submitted to the Parish/Agency office. This can be done by mailing, delivering, or submitting online.If you encounter any difficulties or have questions while filling out the form, don't hesitate to ask for assistance from a Safeguarding Officer within the Parish / Agency responsible for the survey. |
| **Questionnaire:** |
| I am a [ ] Parent [ ] Carer |
| What groups, programs, activities, or ministries does your family participate in? |
| [ ]  Children’s Liturgy[ ]  Catechist classes[ ]  Altar Server program[ ]  Choir | [ ]  Sacramental program[ ]  Youth group[ ]  Only attend Mass |
| Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| I have been provided with information about safeguarding:  | [ ] Yes | [ ]  No |
| How safe do you feel your child or vulnerable adult is in your parish/agency? |
| [ ]  Very safe | [ ]  Somewhat safe | [ ]  Not safe |
| Do you feel your voice is heard in relation to safeguarding? | [ ] Yes | [ ]  No |
| Are you aware that there is a Safeguarding Code of Conduct? | [ ] Yes | [ ]  No |
| Are you aware of the reporting procedures available to you to raise a concern of abuse or harmful behaviour?  | [ ] Yes | [ ]  No |
| Do you have any suggestions for improving safeguarding in the Archdiocese?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

 **(SAMPLE FOR PARENTS/CARERS)**