

## Audit 2017

Parish Name:

### Safeguarding Representative/s details:

Name:
Address:
Contact Number:
Email:
Please confirm if EduCare training has been completed: Yes /No (Delete accordingly)

Name:
Address:
Contact Number:
Email:
Please confirm if EduCare training has been completed: Yes /No (Delete accordingly)

Name:
Address:
Contact Number:
Email:
Please confirm if EduCare training has been completed: Yes /No (Delete accordingly)

**Confirmation that Safeguarding Posters** (Parish Rep details+ Support Contact List) Displayed on Parish Notices Boards:

Yes / No (Delete accordingly) (If no, posters will be automatically sent to your parish)

Form Completed & Signed by: .....

**Parish Priest**

Date: .....

This form can be downloaded from our website: [www.liverpoolcatholic.org/safeguarding](http://www.liverpoolcatholic.org/safeguarding) & once completed returned via email to [safeguarding@rcaol.co.uk](mailto:safeguarding@rcaol.co.uk)