**SCOTTISH EPISCOPAL CHURCH**

**JOB DESCRIPTION AND DECLARATION FOR WORKERS WITH VULNERABLE ADULTS**

This form should be completed for all workers. If the role changes substantially a new form should be completed. Copies should be retained by the worker, the Rector/Priest-in-Charge and the Co-ordinator appointed by the Vestry.

**Church**

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**TO BE COMPLETED ON BEHALF OF THE VESTRY**

**Name of Worker**

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**Job Title**

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**Location of Work** (eg hospital, nursing home, home visits)

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**Authorisation for Home Communion**

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**Supervisor**

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**Work to be undertaken:**

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**Signed**: *(on behalf of the Vestry)*

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# TO BE COMPLETED BY THE WORKER

I understand the nature of the work I am to do with vulnerable people. I have read and have a copy of the booklet *Protecting Vulnerable Adults* produced by the Scottish Episcopal Church.

**Signed**

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**Date**

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