



## Child Protection Policy and Procedures

This Policy applies to all staff, including the board of Directors, any paid staff, volunteers, students, contractors and anyone working on behalf of Little Hiccups.

The purpose of this Policy:

- To protect children and young people who receive Little Hiccups' services. This includes all children of adults who use our services
- To provide Directors, staff and volunteers with the overarching principles that guide our approach to safeguarding and child protection;

Little Hiccups believes that a child or young person should never experience abuse of any kind. We have a responsibility to promote the welfare of all children and young people and to keep them safe. We are committed to practise in a way that protects them. This Policy adheres to LSCB Policies and Procedures which can be found on <https://www.leedslscb.org.uk/Voluntary-Community-Faith-Third-Sector>

### Legal Framework

This policy has been drawn up on the basis of law and guidance that seeks to protect children, namely:

- Children Act 1989
- United Convention of the Rights of the Child 1991
- Data Protection Act 1998 and GDPR 2018
- Data Retention Policy
- Human Rights Act 1998
- Sexual Offences 2003
- Children Act 2004
- Safeguarding Vulnerable Groups Act 2006
- Protection of Freedom Act 2012
- Children and Families Act 2014
- Special educational needs and disability (SEND) code of practice: 0-25 years – Statutory guidance for organisations which work with and support children and young people who have special educational needs or disabilities; HM Government 2014
- Information sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers; HM Government 2015



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Registered Charity No: 1170147 Company Limited by Guarantee No: 9692276

- Working together to safeguard children; a guide to inter-agency working to safeguard and promote the welfare of children; HM Government 2015

**This policy should be read alongside our policies and procedures on:**

- Recruitment, induction and training (including volunteers)
- Role of the designated safeguarding officer
- Dealing with disclosures and concerns about a child or young person
- Managing allegations against staff and volunteers
- Recording and Information Sharing
- Code of Conduct for Staff and Volunteers
- Safer Recruitment
- E-Safety
- Anti-Bullying
- Complaints
- Whistle blowing
- Health and Safety

**We recognise that:**

- The welfare of the child is paramount, as enshrined in the Children Act 1989
- All children, regardless of age, disability, gender, racial heritage, religious belief, sexual orientation or identity, have a right to equal protection from all types of harm
- Some children are additionally vulnerable because of the impact of previous experiences, their level of dependency, communication needs or other issues
- Working in partnership with children, young people, their parents, carers and other agencies is essential in promoting young people's welfare

**Overall Aims**

To contribute to the prevention of abusive experiences in the following ways:

- Clarifying standards of behaviour for Directors, any paid staff, volunteers, students, contractors and anyone working on behalf of Little Hiccups
- Developing awareness of the causes of abuse
- Encouraging family participation
- Addressing concerns at the earliest possible stage

To contribute to the protection of our Little Hiccups children in the following ways:

- Implementing child protection policies and procedures
- Working in partnership with families and agencies

To contribute to supporting our Little Hiccups children in the following ways:

- Identifying individual needs where possible
- Designing events and activities to meet needs

**Little Hiccups procedures for protecting children**

All Directors, any paid staff, volunteers, students, contractors and anyone working on behalf of Little Hiccups will:

- Be familiar with the Child protection policy including issues of confidentiality.
- Be alert to signs and indicators of possible abuse. See Appendix One for current definitions of abuse and examples of harm.
- Record concerns on a, "Cause for Concern" form (see appendix 4). Once completed, must be handed to the Designated Staff (see end of document).

- Deal with a disclosure of abuse from a child in line with the recommendations in Appendix Two. These must be passed to one of the Designated Staff immediately, followed by a written account.
- Be subject to Safer Recruitment processes and checks whether they are new staff, supply staff, contractors, volunteers etc.
- Will be expected to behave in accordance with the– Guidance for Safer Working Practice for People who Work with all Children and Adults at Risk (Leeds City Council 2014)

## 2. The Designated Safeguarding Officer (DSO)

### The Designated Safeguarding Officer (DSO) on the Trustees is:

Name: Miriam Watson-Pratt

Contact Details: miriam@littlehiccups.co.uk

- Our named Designated Safeguarding Officer with lead responsibility and management oversight/accountability for child protection is **Miriam Watson-Pratt**.
- The Designated safeguarding officer is supported by the following appropriately trained designated deputies; **Linsay Medica**. Along with the DSO, they are responsible for coordinating all child protection activity.
- The person responsible for Child Protection on the Board of Directors is the Chairperson; **Sarah Stewart**.

### 2.1 The Designated Safeguarding Officer (DSO) Responsibilities

- Where there is a concern about a child, the designated safeguarding lead officer will act as a source of support, advice and expertise on matters of safety and safeguarding and when deciding whether to make a referral by liaising with relevant agencies.
- The designated safeguarding lead officer is responsible for referring all cases of suspected abuse to Children's Social Work Service Duty and Advice Team. Whilst Keeping Children Safe in Education (DfE 2014) dictates that anyone in the school setting can make a referral, wherever possible this should be done appropriately trained designated safeguarding officer.
- The designated safeguarding officer will liaise with the senior lead for Safeguarding on the Board of Directors to inform them of issues especially ongoing enquiries under section 47 of the Children Act 1989 and police investigations.
- Child Protection information will be dealt with in a confidential manner. A written record will be made of what information has been shared with who, and when.

### 2.2 Training for Designated Safeguarding Staff

The designated safeguarding officers should receive appropriate training carried out every two years in order to:

- Understand the assessment process for providing early help and intervention, for example through locally agreed common and shared assessment processes such as early help assessments

- Have a working knowledge of how local authorities conduct a child protection case conference and a child protection review conference and be able to attend and contribute to these effectively when required to do so
- Ensure each of the board of directors and volunteers has access to and understands the child protection policy and procedures
- Be alert to the specific needs of children in need, those with special educational needs and young carers
- Be able to keep detailed, accurate, secure written records of concerns and referrals
- Obtain access to resources and attend any relevant or refresher training courses
- Encourage a culture of listening to children and taking account of their wishes and feelings, among everyone involved with Little Hiccups

### 2.3 Raising Awareness

- The designated safeguarding officers should ensure Little Hiccups' policies are known and used appropriately:
- Ensure the child protection policy is reviewed every 3 years or following any incidents that identify the need for amendments and the procedures and implementation are updated and reviewed regularly
- Ensure the child protection policy is available publicly and families are aware of the fact that referrals about suspected abuse or neglect may be made and the role of Little Hiccups in this.
- Link with the local authority and LSCB to make sure Directors are aware of training opportunities and the latest local policies on safeguarding.

### 2.4 Child Protection Records

- Child protection files should be held securely on an encrypted server with only the designated officers having access.
- The required information includes the following specific items:
  - Cause for concern forms
  - Child protection reports/disclosures
  - Minutes of child protection conferences
- Each child protection file should contain a chronological summary of significant events and the actions and involvement of Little Hiccups.
- There is no need to keep copies of the child protection file, apart from the chronology summary unless there is any on-going legal action (*the original file should be retained by Little Hiccups and a copy sent*)
- Child records should be transferred in a secure manner, for example, by hand. When hand-delivering records, a list of the names of the child whose records are being transferred and the name of the agency they are being transferred to will be made and a signature obtained from the receiving agency as proof of receipt.
- If sending by post child records should be sent, "Special Delivery", a note of the special delivery number should also be noted to enable the records to be tracked and traced, via Royal Mail.
- When a designated safeguarding lead resigns their post/ no longer has child protection responsibility, there should be a full face to face handover/exchange of information with the new post holder.
- In exceptional circumstances when a face to face handover is unfeasible, it is the responsibility of the senior lead for Safeguarding to ensure that the new post holder is fully conversant with all procedures and case files.
- All Designated Safeguarding Leads receiving current (live) files or closed files must keep all contents enclosed and not remove any material.
- All receipts confirming file transfer must be kept in accordance with the recommended retention periods. For further information refer to the archiving section.

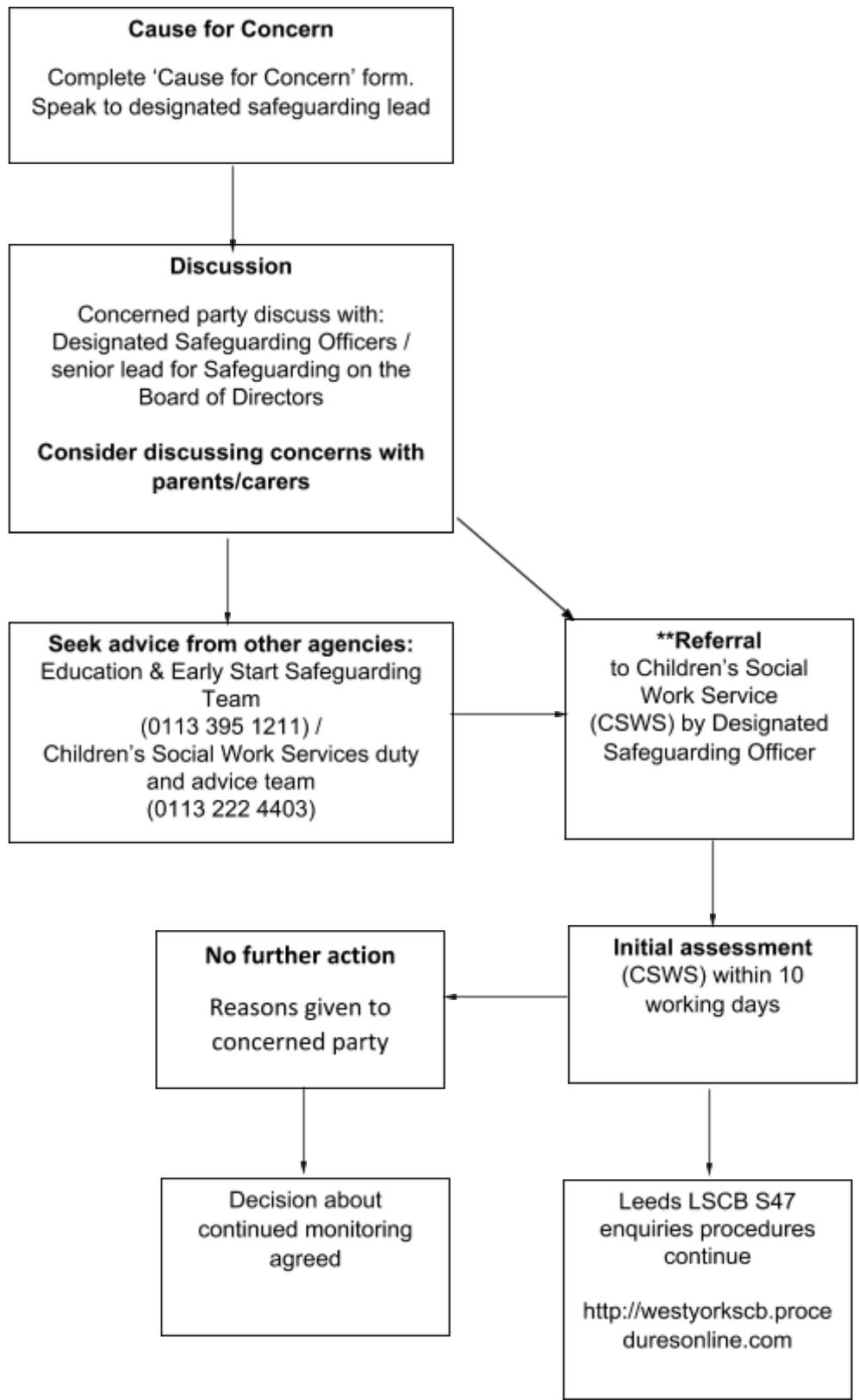
## **Access to files**

- The child or their nominated representative has the legal right to see their file at any point. This is their right of subject to Access under the Data Protection Act 1998. It is important to remember that all information should be accurately recorded, objective in nature and expressed in a professional manner

## **Safe Destruction of the child's record**

- Records which have been identified for destruction should be confidentially destroyed. This is because they will either contain personal or sensitive information, which is subject to the requirements of the Data Protection Act 1998 and the GDPR 2018. Information should be shredded prior to disposal or confidential disposal can be arranged through private contractors. For audit purposes, Little Hiccups should maintain a list of records which have been destroyed and who authorised their destruction. This can be kept in either paper or an electronic format.

**Summary of Little Hiccups procedures to follow where there are concerns about a child**



**\*\* If unhappy about the outcome of the referral to Children's Services Social Care, please refer to: Leeds LSCB Local Protocol: Procedure for Resolving Professional Disagreements.**

## **4. Working with parents and other agencies to protect children**

### **4.1 Involving parents / carers**

- Parents/carers should be aware that Little Hiccups will take any reasonable action to safeguarding the welfare of its children. In cases where Little Hiccups has reason to be concerned that a child maybe suffering significant harm. ill treatment or neglect or other forms of harm staff have no alternative but to follow the LSCB procedures and contact Children's Social Work Service Duty and Advice team to discuss their concern.
- In general, we will discuss concerns with parents/carers before approaching other agencies, and will seek their consent to making a referral to another agency. Appropriate officers will approach parents / carers after consultation with the Designated Safeguarding lead. However, there may be occasions when Little Hiccups will contact another agency before informing parents / carers, if Little Hiccups decides that contacting them may increase the risk of significant harm to the child.
- Vehicles for informing parents/carers about our child protection policy are: website, discussion

### **4.2 Multi-agency work**

- We work in partnership with other agencies in the best interests of the children. Therefore, Little Hiccups will, where necessary, make referrals to Children's Social Work Service. Referrals (contact) should be made, by the Safeguarding Designated Officer, to the CSWS advice and duty team (0113 222 4403)- Where a child already has a child protection social worker and Little Hiccups is aware of this, we will immediately contact the social worker involved, or in their absence the team manager of the child protection social worker.
- We will co-operate with Children's Social Work Service where they are conducting child protection enquiries.
- We will provide reports as required

## **5. Our role in the prevention of abuse**

- All our policies which address issues of power and potential harm, e.g. Anti- Bullying, Equal opportunities, will be available at all times on the website
- Our child protection policy cannot be separated from the general ethos of Little Hiccups, which should ensure that children are treated with respect and dignity, feel safe, and are listened to.

## **6. Our role in supporting children**

### **We will offer appropriate support to individual children who have experienced abuse or who have abused others.**

- We will ensure that the needs of children and young people who abuse others will be considered separately from the needs of their victims.
- Children and young people that abuse others will be responded to in a way that meets their needs as well as protecting others who attend Little Hiccups through a multi-agency risk assessment.
- We will ensure Little Hiccups works in partnership with parents / carers and other agencies as appropriate.

### **6.1 Children with additional needs**

Little Hiccups recognises that while all children have a right to be safe, some children *may* be more vulnerable to abuse e.g. those with a disability or special educational need, those living with domestic violence or drug/alcohol abusing parents, etc.

## 6.2 Children in Specific Circumstances

This school follows the Leeds LSCB, online multi-agency procedures for children in specific circumstances as outlined below – see [www.leedslscb.org.uk](http://www.leedslscb.org.uk) (reference section 1.4:)

## 7. A Safer Culture

### 7.1 Safer Recruitment, selection and pre-employment vetting

- Little Hiccups pays full regard and commitment to following the safer recruitment, selection and pre-employment vetting procedures
- Little Hiccups will maintain a single central record which demonstrates the relevant vetting checks required including: identity, qualifications, prohibition order and right to work in the UK. (See: Appendix 7).
- All recruitment materials will include reference to the Little Hiccups commitment to safeguarding and promoting the wellbeing of children.
- Little Hiccups will ensure that all recruitment panels include at least one person that has undertaken safer recruitment training as recommended by the Local Authority/Leeds LSCB.
- Little Hiccups will ensure that appropriate DBS risk assessments will be undertaken as required.

### 7.2 Procedures in the event of an allegation against a Board of Director or volunteer

- These procedures must be followed in any case in which it is alleged that a board of Directors, any paid staff, volunteers, students, contractors and anyone working on behalf of Little Hiccups has:
  - behaved in a way that has harmed a child or may have harmed a child
  - possibly committed a criminal offence against or related to a child
  - Behaved in a way that indicates s/he is unsuitable to work with children.
- Allegations against anyone on the board of Directors, any paid staff, volunteers, students, contractors and anyone working on behalf of Little Hiccups. Inappropriate behaviour by take the following forms:
  - Physical includes, for example, intentional use of force as a punishment, slapping, use of objects to hit with, throwing objects or rough physical handling.
  - Emotional includes, for example, intimidation, belittling, scapegoating, sarcasm, lack of respect for children's rights, and attitudes which discriminate on the grounds of race, gender, disability or sexuality.
  - Sexual includes, for example, sexualised behaviour towards children, sexual harassment, sexual assault and rape.
  - Neglect: may include failing to act to protect a child or children, failing to seek medical attention or failure to carry out appropriate/proper risk assessment etc...
- A safeguarding complaint that meets the above criteria must be reported to the Safeguarding Officers immediately. If the complaint involves the Safeguarding Officers then the senior lead for Safeguarding on the Board of Directors must be informed. The Safeguarding Officers should carry out an urgent initial consideration in order to establish whether there is substance to the allegation.

### 7.3 Training and Support

- All board of directors, volunteers and contractors are required to have undertaken com 'Introduction to Child Protection' training course and should be aware of systems within Little Hiccups which supports safeguarding and these will be explained to them as part of their

induction. This includes: Little Hiccups child protection policy and the designated safeguarding lead and their cover or nominated deputy.

- We recognise the stressful and traumatic nature of child protection work. Support is available for any member of Little Hiccups from Sarah Stewart, Miriam Watson-Pratt and Lindsay Medica. The Children's Services Education and Early Years Safeguarding team are also available for advice and support (Tel: 0113 395 1211).
- Little Hiccups will ensure all volunteers including temporary receive an induction.
- Training completed will be recorded by Little Hiccups

#### **7.4 Professional Confidentiality**

- Confidentiality is an issue which needs to be understood by all those working with children, particularly in the context of Safeguarding. Little Hiccups recognises that the only purpose of confidentiality in this respect is to benefit the child.

We are committed to reviewing our policy and good practice every 2 years or in response to an incident or change in national policy that identifies the need for amendments.

Policy agreed by Trustees on:

Signed by Chairperson:

To be reviewed:

## Appendix One

### Definitions and indicators of abuse

Reference: Working Together to Safeguard Children (DfE 2013)

#### Neglect

**Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:**

- Provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- Protect a child from physical and emotional harm or danger;
- Ensure adequate supervision (including the use of inadequate care-givers)
- Ensure access to appropriate medical care or treatment It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Examples which **may** indicate neglect (it is not designed to be used as a checklist):

- Hunger
- Tiredness or listlessness
- Child dirty or unkempt
- Poorly or inappropriately clad for the weather
- Poor school attendance or often late for school
- Poor concentration
- Affection or attention seeking behaviour
- Untreated illnesses/injuries
- Pallid complexion
- Stealing or scavenging compulsively
- Failure to achieve developmental milestones, for example growth, weight
- Failure to develop intellectually or socially
- Neurotic behaviour

#### Physical abuse

**Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.**

Examples which **may** indicate physical abuse (it is not designed to be used as a checklist):

- Patterns of bruising; inconsistent account of how bruising or injuries occurred
- Finger, hand or nail marks, black eyes
- Bite marks
- Round burn marks, burns and scalds
- Lacerations, wealds
- Fractures
- Bald patches
- Symptoms of drug or alcohol intoxication or poisoning
- Unaccountable covering of limbs, even in hot weather
- Fear of going home or parents being contacted
- Fear of medical help
- Fear of changing for PE
- Inexplicable fear of adults or over-compliance
- Violence or aggression towards others including bullying
- Isolation from peers

## Sexual Abuse

**Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse as can other children**

Examples which **may** indicate sexual abuse (it is not designed to be used as a checklist):

- Sexually explicit play or behaviour or age-inappropriate knowledge
- Anal or vaginal discharge, soreness or scratching
- Reluctance to go home
- Inability to concentrate, tiredness
- Refusal to communicate.
- Thrush, Persistent complaints of stomach disorders or pains
- Eating disorders, for example anorexia nervosa and bulimia
- Attention seeking behaviour, self mutilation, substance abuse
- Aggressive behaviour including sexual harassment or molestation
- Unusually compliant
- Regressive behaviour, Enuresis, soiling
- Frequent or open masturbation, touching others inappropriately
- Depression, withdrawal, isolation from peer group
- Reluctance to undress for PE or swimming
- Bruises, scratches in genital area

## Emotional abuse

**Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child in participating in normal social interaction. It may also involve seeing or hearing the ill-treatment of another. It may involve serious bullying (*including cyber bullying*), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment**

Examples which **may** indicate emotional abuse (it is not designed to be used as a checklist):

- Over-reaction to mistakes, continual self deprecation
- Delayed physical, mental, emotional development
- Sudden speech or sensory disorders
- Inappropriate emotional responses, fantasies
- Neurotic behaviour: rocking, banging head, regression, tics and twitches
- Self harming, drug or solvent abuse
- Fear of parents being contacted
- Running away
- Compulsive stealing
- Masturbation, Appetite disorders - anorexia nervosa, bulimia

- Soiling, smearing faeces, enuresis

**N.B.: Some situations where children stop communication suddenly (known as “traumatic mutism”) can indicate maltreatment.**

### **Responses from parents**

Research and experience indicates that the following responses from parents may suggest a cause for concern across all four categories:

- An unexpected delay in seeking treatment that is obviously needed
- An unawareness or denial of any injury, pain or loss of function (for example, a fractured limb)
- Incompatible explanations offered, several different explanations or the child is said to have acted in a way that is inappropriate to her/his age and development
- Reluctance to give information or failure to mention other known relevant injuries
- Frequent presentation of minor injuries
- Unrealistic expectations or constant complaints about the child
- Alcohol misuse or other drug/substance misuse
- Parents request removal of the child from home
- Violence between adults in the household

### **Disabled Children**

When working with children with disabilities, practitioners need to be aware that additional possible indicators of abuse and/or neglect may also include:

- A bruise in a site that might not be of concern on an ambulant child such as the shin, might be of concern on a non-mobile child
- Not getting enough help with feeding leading to malnourishment
- Poor toileting arrangements
- Lack of stimulation
- Unjustified and/or excessive use of restraint
- Rough handling, extreme behaviour modification e.g. deprivation of liquid medication, food or clothing, disabling wheelchair batteries
- Unwillingness to try to learn a child’s means of communication
- Ill-fitting equipment e.g. callipers, sleep boards, inappropriate splinting;
- Misappropriation of a child’s finances
- Invasive procedures

## Appendix Two

### Dealing with a disclosure of abuse

#### When a child tells me about abuse s/he has suffered, what must I remember?

- Stay calm
- Do not transmit shock, anger or embarrassment.
- Reassure the child. Tell her/him you are pleased that s/he is speaking to you.
- Never enter into a pact of secrecy with the child. Assure her/him that you will try to help but let the child know that you will have to tell other people in order to do this. State who this will be and why.
- Tell her/him that you believe them. Children very rarely lie about abuse; but s/he may have tried to tell others and not been heard or believed.
- Tell the child that it is not her/his fault.
- Encourage the child to talk but do not ask "leading questions" or press for information.
- Listen and remember.
- Check that you have understood correctly what the child is trying to tell you.
- Praise the child for telling you. Communicate that s/he has a right to be safe and protected.
- Do not tell the child that what s/he experienced is dirty, naughty or bad.
- It is inappropriate to make any comments about the alleged offender.
- Be aware that the child may retract what s/he has told you. It is essential to record all you have heard.
- At the end of the conversation, tell the child again who you are going to tell and why that person or those people need to know.
- As soon as you can afterwards, make a detailed record of the conversation using the child's own language. Include any questions you may have asked. Do not add any opinions or interpretations.

NB It is not a volunteers role to seek disclosures. Their role is to observe that something may be wrong, ask about it, listen, be available and try to make time to talk.

Immediately afterwards

**You must not deal with this yourself.** Clear indications or disclosure of abuse must be reported to **Children's Social Work Service** without delay, by the designated safeguarding officers using the correct procedures as stated in the guidelines.



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**Appendix 4**  
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Confidential

**Cause for Concern Form**

**Note: Please do not interpret what is seen or heard; simply record the facts. After completing the form, pass it immediately to the Designated Teacher.**

**Name of child** .....

**Name of person completing form** .....

**Role:** .....

**Day**..... **Date**..... **Time**..... **Place**.....  
(of observed behaviour / discussion / disclosure)

**Nature of incident / concern including relevant background** (Record child's word verbatim and any wishes and feelings expressed):

**Signed:** .....

**Action/passed to** .....

**Page 2 of 2**

**For: Designated Safeguarding Lead Officer Use**

**Name:** ..... **Date:** ..... **Time:**.....

Action Taken	By Whom	Outcome
Discuss with child <i>Ensure the child's wishes and feelings are ascertained where appropriate and fully recorded.</i>		
Monitoring sheet		
Contact parents Please tick  Telephone Call ____  Meeting: ____		
Refer to Social Care		
Other (Please specify)		

**Appendix 5**

***Confidential***

**Ongoing Monitoring Form**

**Name of child** .....

<b>Date</b>	<b>Observation / incident</b>	<b>Observation by</b>	<b>Action Taken</b>

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**Appendix 6**

**Recruitment and Selection Checklist**

	Initials	Date
<b>Planning</b> - Timetable decided: job specification and description and other documents to be provided to applicants, reviewed and updated as necessary. Application form seeks all relevant information and includes relevant statements about references etc		
<b>Vacancy advertised</b> (where appropriate) Advertisement includes reference to safeguarding policy, that is, statement of commitment to safeguarding and promoting welfare of children and need for successful applicant to be DBS checked		
<b>Applications on receipt</b> - Scrutinised – any discrepancies/anomalies/gaps in employment noted to explore if candidate considered for short-listing		
<b>Short-list prepared</b>		
<b>References – seeking</b> Sought directly from referee on short-listed candidates; ask recommended specific questions; include statement about liability for accuracy		
<b>References – on receipt</b> Checked against information on application; scrutinised; any discrepancy/issue of concern noted to take up with referee and/or applicant (at interview if possible)		
<b>Invitation to interview</b> - Includes all relevant information and instructions		
<b>Interview arrangements</b> - At least two interviewers; panel members have authority to appoint; have met and agreed issues and questions/assessment criteria/standards		
<b>Interview</b> - Explores applicants' suitability for work with children as well as for the post		
<b>Note:</b> identity and qualifications of successful applicant verified on day of interview by scrutiny of appropriate original documents; copies of documents taken and placed on file; where appropriate applicant completed application for DBS disclosure		
<b>Conditional offer of appointment:</b> pre appointment checks Offer of appointment is made conditional on satisfactory completion of the following pre- appointment checks and, for non-teaching posts, a probationary period		
<b>References:</b> (if not obtained and scrutinised previously)		
<b>Identity</b> (if that could not be verified at interview)		
<b>Qualifications</b> (if not verified on the day of interview)		
<b>Permission to work in UK, if required</b>		
<b>DBS certificate</b> - where appropriate satisfactory DBS certificate received		

<b>Child Protection training</b> and others such as H&S induction, Safe Working Practice, etc.		