

Dialogue for Diversity & ACRE Policies, Procedures and Practice

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DIALOGUE FOR DIVERSITY & ACRE

Policies, Procedures and Practice

1.1 Legal Compliance

Dialogue for Diversity will comply with the requirements of the following legislation on employee rights:

The Employment Rights (NI) Order 1996
The Shops (Sunday Trading & c.) (NI) Order 1997
The Working Time Regulations (NI) 1998
The National Minimum Wage Act 1998
The National Minimum Wage Regulations 1999
The Public Interest Disclosure (NI) Order 1998
The Public Interest Disclosure (Prescribed Persons) Amendment Order (NI) 2014
The Employment Relations (NI) Order 1999
The Employment Relations (NI) Order 2004
The Part-time workers (Prevention of Less Favorable Treatment) Regulations (NI) 2000
The Fixed-term Employees (Prevention of Less Favourable Treatment) Regulations (NI) 2002
The Employment (NI) Order 2002
The Health and Safety at Work (NI) Order 1978
The Statutory Sick Pay (General) Regulations (NI) 1982
The Statutory Sick Pay (Medical Evidence) Regulations (NI) 1985
The Management of Health and Safety at Work Regulations (NI) 2000
The Maternity and Parental Leave etc Regulations (NI) 1999 (as amended)
The Statutory Maternity Pay (General) Regulations (NI) 1987 (as amended)
The Paternity and Adoption Leave Regulations (NI) 2002
The Statutory Paternity Pay and Statutory Adoption Pay (General) Regulations (NI) 2002
The Work and Families (NI) Order 2006
The Employment Rights (Time Off for Study or Training) (NI) Order 1998
The Industrial Tribunals (NI) Order 1996
Industrial Tribunals (Constitution and Rules of Procedure) Regulations (NI) 2005
Fair Employment Tribunal (Rules of Procedure) Regulations (NI) 2005
The Labour Relations Arbitration Scheme Order (NI) 2002
The Flexible Working (Procedural Requirements) Regulations (NI) 2003
The Flexible Working (Eligibility, Complaints and Remedies) Regulations (NI) 2003
The Employment (NI) Order 2003
The Employment (NI) Order 2003 (Dispute Resolution) Regulations (NI) 2004
The Disability Discrimination Act 1995
The Disability Discrimination Act 1995 (Amendment) Regulations (NI) 2004
The Disability Discrimination (Meaning of Disability) Regulations 1996
Employment Rights (Increase of Limits) Order (NI) 2015
The Sex Discrimination (NI) Order 1976 (as amended)
Equal Pay Act (NI) 1970
Equal Pay (Questions and Replies) Order (NI) 2004
The Disability Discrimination (Questions and Replies) Order (NI) 2004
Employment (NI) Order 2003 (Dispute Resolution) Regulations (NI) 2004

Transfer of Undertakings (Protection of Employment) Regulations 2006
The Service Provision Change (Protection of Employment) Regulations (NI) 2006
Fair Employment and Treatment (NI) Order 1998
Race Relations (NI) Order 1997
The Employment Equality (Sexual Orientation) Regulations (NI) 2003
The Employment Equality (Age) Regulations (NI) 2006
The Employment Act (NI) 2011
Pensions (No.2) Act (Northern Ireland) 2008
The Children (Northern Ireland) Order 1995
The Agency Worker Regulations (NI) 2011
The Work and Families Act (Northern Ireland) 2015
The Paternity and Adoption Leave (Amendment) Regulations 2015
The Shared Parental Leave Regulations (Northern Ireland) 2015
The Statutory Shared Parental Pay (General) Regulations (Northern Ireland) 2015
The Maternity and Parental Leave etc (Amendment) Regulations (Northern Ireland) 2015
The Flexible Working Regulations (Northern Ireland) 2015
The Time Off to Attend Adoption Appointment (Prospective Adopters) Regulations (Northern Ireland) 2015
rs) Regulations (Northern Ireland) 2015
The Working Time Regulations (Northern Ireland) 2016
Employment Act (Northern Ireland) 2016

Useful Contacts:

Health & Safety Policy

1 Introduction

1.1 Under the Health and Safety at Work Regulations (NI) 1978 DIALOGUE FOR DIVERSITY aims to ensure the setting of health and safety standards in order to comply with the provisions under this legislation. It proposes that the organisation's responsibilities will be:

- To provide adequate control of the health and safety risks arising from our work activities including access and egress;
- To consult with our employees on matters affecting their health and safety;
- To provide and maintain safe plant and equipment;
- To provide information, instruction and supervision for employees;
- To ensure that all employees are competent to do their work, and to give them adequate training;
- To ensure the safe handling and use of substances;
- To reduce the likelihood of accidents and cases of work-related ill health;
- To maintain safe and healthy working conditions;
- To review and revise this policy every twelve months.

1.2 Health & Safety Legislation requires that a Health & Safety Policy also includes a Policy Statement which outlines the main health and safety aims and objectives and is signed and dated by the most senior person in the organisation. DIALOGUE FOR DIVERSITY Health & Safety Policy Statement is attached as **Schedule 1**. This Health & Safety Policy Statement will be reviewed at the same time as the Health & Safety Policy.

2. Objective

To ensure a safe working environment and establish practices which effectively manage Health & Safety issues. To ensure a safe working environment and establish practices which effectively manage Health & Safety issues.

3. Definitions and Abbreviations

Board	Management Committee
DIR	Director
DFD	Dialogue for Diversity

4. Responsibilities

4.1 Table of responsibilities:

4.2 Joint Management Partners are responsible for health & safety of their own projects.

5. Related Documents

Workplace (Health and Safety and Welfare) Regulations 1999
Provision and Use of Work Equipment Regulations 1999
Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1997
Health and Safety (Display Screen Equipment) Regulations 1992
Manual Handling Operations Regulations 1992
Electricity at Work Regulations 1991
Personal Protective Equipment at Work Regulations (NI) 1993
Control of Substances Hazardous to Health (Amendment) Regulations (NI) 2005
Smoking (Northern Ireland) Order 2006

6. Health and Safety Arrangements

6.1 It is the policy of DIALOGUE FOR DIVERSITY to comply with the terms of the Health and Safety at Work Order (NI) 1978 and subsequent legislation, and to

provide and maintain a healthy and safe working environment. DIALOGUE FOR DIVERSITY's health and safety objective is to minimise the number of instances of occupational accidents and illnesses and ultimately to achieve an accident – free workplace.

- 6.2 All employees will be provided with such equipment, information, training and supervision as is necessary to implement the policy and to achieve the stated objective.
 - 6.3 DIALOGUE FOR DIVERSITY recognises and accepts its duty to protect the health and safety of all visitors to the organisation, including contractors, temporary employees, volunteers as well as members of the public who might be affected by our operations **rations**
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 - 6.4 While the Management of the organisation will do all that is within its power to ensure the health and safety of its employees, it is recognised that health and safety at work is the responsibility of each and every individual associated with the organisation. It is the duty of each employee to take reasonable care of their own and other people's welfare and to report any situation which may pose a threat to the well-being of any other person.
 - 6.5 The Management of the organisation will provide every employee with the training necessary to carry out tasks safely. However, if an employee is unsure how to perform a certain task or feels it would be dangerous to perform a specific job then it is the employee's duty to report this to the Director. An effective health and safety programme requires continuous communication between employees at all levels. It is therefore every worker's responsibility to report immediately any situation which could jeopardise the well-being of themselves or any other person.
 - 6.6 All injuries, however small, sustained by a person at work must be reported to the director. Accident records are crucial to the effective monitoring and revision of the policy and must therefore be accurate, comprehensive and recorded in the relevant register.
 - 6.7 The organisation's Health and Safety Policy will be continually monitored and updated, particularly when changes in the scale and nature of our operations occur.
 - 6.8 The policy will be reviewed at least every 12 months.
 - 6.9 **Safety Rules – General**
 - 6.9.1 All employees should be aware of, respect and adhere to the rules and procedures contained in this policy statement.
 - 6.9.2 All employees shall immediately report any unsafe practices or conditions to the director.
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- 6.9.3 Any person under the influence of alcohol or any other intoxicating drug which is deemed by the Director to impair motor skills or judgement, whether prescribed or otherwise, shall not be allowed on the premises.
- 6.9.4 Horseplay, practical joking or any other acts which might jeopardise the health and safety of any other person are forbidden in the workplace.
- 6.9.5 Any person whose levels of alertness and/ or ability are reduced due to illness or fatigue will not be allowed on the premises if this might jeopardise the health and safety of that person or any other person.
- 6.9.6 Employees shall not adjust, move or otherwise tamper with electrical equipment, machinery or air or water lines in a manner not within the scope of their duties, unless instructed to do so by the Director.
- 6.9.7 All waste materials must be disposed of carefully and in such a way that they do not constitute a hazard to other employees. All relevant documentation will be kept for future reference.
- 6.9.8 No member of staff should undertake a job which appears to be unsafe.
- 6.9.9 No member of staff should undertake a job until he or she has received adequate safety instructions and is authorised to carry out the task by the director.
- 6.9.10 All injuries must be reported to the Director.
- 6.9.11 Employees should take care to ensure that all protective guards and other safety devices are properly fitted and in good working order and shall immediately report any deficiencies to the Director.
- 6.9.12 Work shall be well planned and supervised to avoid injuries in the handling of heavy materials and while using equipment.
- 6.9.13 No employees should use chemicals without the knowledge required to work with those chemicals safely i.e. reading safety data sheets.
- 6.9.14 Suitable clothing and footwear will be worn at all times. Personal protective equipment shall be worn wherever appropriate.
- 6.9.15 All employees are expected to attend Health & Safety Briefings.
- 6.10 The Appointed Person shall be responsible for the supervision of health and safety in the following areas:**
- **Main Officee for the supervision of health and safety in the following areas:Main Office**
 - **Communal entrance schemese for the supervision of health and safety in the following areas:Main OfficeCommunal entrance schemes**
 - **Any sub officee for the supervision of health and safety in the following areas:Main OfficeCommunal entrance schemesAny sub office**
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e for the supervision of health and safety in the following areas:Main OfficeCommunal entrance schemesAny sub office

e for the supervision of health and safety in the following areas:Main OfficeCommunal entrance schemesAny sub office6.11 The Director will advise and inform staff of any new and/or relevant legislation as well as changes in policy and practice which may impact the health and safety of employees.

6.12 All employees have a legal responsibility to:

- Co-operate with Management on health and safety matters;
- Not interfere with anything provided to safeguard their health and safety;
- Take reasonable care of their own health and safety;
- Report all health and safety concerns to the appropriate person as detailed in the policy statement.

6.13 Health and Safety Risks Arising from Work Activities

6.13.1 All staff will undertake a risk assessment analysis. Each will assess their own work area and where any hazard or risk is identified, this will be documented and reported to the director as and when required.

6.13.2 Any action to remove and/or control identified risks will be approved in accordance with DIALOGUE FOR DIVERSITY's Financial Controls and staff must ensure that the correct action is implemented to maintain a safe working environment.

6.14 Information and Supervision

6.14.1 The Health and Safety Law poster will be displayed in the office and all relevant information and/or training will be provided for all staff, new appointments, trainees and/or Management Committee members as necessary. Training carried out will be recorded in the Office Diary and will be provided on an annual basis to all staff members.

6.14.2 A first aid box will be kept and adequate supplies will be stocked at all times.

6.14.3 The Appointed Person shall record all accidents and cases of work related illnesses in the accident book. If necessary, these should be investigated by the Director and reported to the Management Committee where they are of a more serious nature.

6.14.4 DIALOGUE FOR DIVERSITY shall have a visitors book located at Reception and all visitors must sign in and out of the building. Staff should make their colleagues aware when they leave the building during the working day.

6.15 Fire Safety

- 6.15.1 DIALOGUE FOR DIVERSITY's procedures take account of special fire hazards in specific areas of the workplace and where appropriate, have been compiled with the assistance of the local fire service.
- 6.15.2 External Contractors have responsibility for the maintenance and testing of fire fighting equipment.
- 6.15.3 All employees within the company have a duty to report immediately any fire, smoke or potential fire hazards to the fire services (dial 999).
- 6.15.4 All employees have a duty to conduct their operations in such a way as to minimise the risk of fire. This involves taking care when smoking (outside of building), keeping combustible materials separate from sources of ignition and avoiding unnecessary accumulation of combustible materials.
- 6.15.5 Staff are responsible for keeping their operating areas safe from fire, and the director should ensure that their staff are trained in proper fire prevention practices and emergency procedures (including safe evacuation procedures).

6.16 Fire Detection Equipment

Smoke detectors and manually operated fire alarms are located at strategic points throughout the workplace. If a smoke detector sounds it is the responsibility of any employee present to activate the alarm and evacuate the building. any employee present to activate the alarm and evacuate the building.

6.17 Fire Fighting Equipment

Fire extinguishers are located at strategic points throughout the workplace. Employees are expected to tackle a fire themselves only if it would pose no threat to their personal safety to do so. If the situation is dangerous or potentially dangerous the employee should activate the alarm and evacuate the building immediately

6.18 Fire Doors

Fire doors designed to slow the spread of fire and smoke throughout the workplace have been installed at strategic points. Fire doors are designed to close automatically after opening and must never be blocked, jammed or tied open.

6.19 Fire Exits

- 6.19.1 Fire exits are located at strategic points throughout the workplace. Exit doors and corridors must never be locked, blocked or used as storage space.
 - 6.19.2 Emergency lighting has been installed in exit corridors, above emergency exit doors and throughout the workplace and residential buildings in case of a power
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failure. Lifts, where installed, also have emergency lighting installed although lifts should never be used in the case of an emergency evacuation.

6.20 Emergency Evacuation Procedure

- 6.20.1 In the event of the fire alarm being activated, or in any other emergency situation (such as a bomb scare), all employees (taking visitors with them) must leave the building by the nearest available exit and assemble at the designated assembly point.
- 6.20.2 Practice Fire Drills will be conducted every six months to ensure employee familiarity with emergency evacuation procedures, details of each fire drill should be recorded.

6.21 Accident Investigation & Reporting

- 6.21.1 It is the policy of DIALOGUE FOR DIVERSITY to comply with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR)1997.
 - 6.21.2 DIALOGUE FOR DIVERSITY sees accident investigation as a valuable tool in the prevention of future accidents. In the event of an accident resulting in injury, a report will be drawn up by the injured person or director if the former is not practical, detailing:
 - The circumstances of the accident including photographs wherever possible;
 - The nature and severity of the injury sustained;
 - The identity of any eyewitnesses;
 - The time, date and location of the incident;
 - The date of the report.
 - All eyewitnesses' accounts will be collected as near to the time of the accident as is reasonably practicable. Any person required to give an official statement has the right to have a solicitor or trade union representative present at the company's expense;
 - All accidents must be reported to the director as soon as possible. All accidents must be recorded in the accident book.
 - 6.21.3 The Appointed Person is responsible for reporting cases of accident and disease to the relevant enforcing authority under RIDDOR 1997 Regulations where applicable.**ng authority under RIDDOR 1997 Regulations where applicable.**
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ng authority under RIDDOR 1997 Regulations where applicable.

6.22 Workplace Safety/Welfare authority under RIDDOR 1997 Regulations where applicable.6.22 Workplace Safety/Welfare

It is the policy of DIALOGUE FOR DIVERSITY to comply with the Workplace (Health and Safety and Welfare) Regulations 1999.

- Inspections of the workplace will be conducted on an annual cycle by the director or a competent person. In addition, inspections will be conducted in relevant areas whenever there are significant changes in the nature and/or scale of operations;
- Workplace inspections will also provide an opportunity to identify areas of risk, implement action plans and renew continuing effects of policies and work practices.

6.23 Workplace Equipment

It is the policy of DIALOGUE FOR DIVERSITY to comply with the law as set out in the Provision and Use of Work Equipment Regulations 1999.

- DIALOGUE FOR DIVERSITY will endeavour to ensure that all equipment used in the workplace is safe and suitable for the purpose for which it is used;
- All employees will be provided with adequate information and training to enable them to use work equipment safely;
- The use of any work equipment which could pose a risk to the well-being of persons in or around the workplace will be restricted to authorised personnel.
- All equipment will be maintained in good working order and repair.
- All employees will be provided with such protection as is adequate to safeguard them from the dangers occasioned by the use of work equipment;
- All work equipment will be clearly marked with health and safety warnings where appropriate.

6.24 Electrical Equipment

6.24.1 It is the policy of DIALOGUE FOR DIVERSITY to comply with the law as set out in the Electricity at Work Regulations 1991.

6.24.2 All portable electrical equipment will be regularly maintained and will be checked by a competent person annually.

6.25 Personal Protective Equipment

- 6.25.1 It is the policy of DIALOGUE FOR DIVERSITY to comply with the law as set out in the Personal Protective Equipment at Work Regulations (NI) 1993.
- 6.25.2 Employees who may be exposed to a risk to their health and safety at work will be provided with suitable properly fitted and effective personal protective equipment.
- 6.25.3 All personal protective equipment provided by DIALOGUE FOR DIVERSITY will be assessed prior to its provision.
- 6.25.4 All employees must report any defective equipment to the Director promptly. Defective equipment must ***employees must report any defective equipment to the Director promptly. Defective equipment must be removed.***
- 6.25.5 All employees provided with personal protective equipment by DIALOGUE FOR DIVERSITY will receive training and information on the use, maintenance and purpose of the equipment.
- 6.25.6 DIALOGUE FOR DIVERSITY requires all personal protective equipment provided to be used properly by its employees.

6.26 Manual Handling Operations

- 6.26.1 It is the policy of DIALOGUE FOR DIVERSITY to comply with the law as set out in the Manual Handling Operations Regulations 1992.
- 6.25.2 Manual handling operations will be avoided as far as is reasonably practicable where there is a risk of injury.
- 6.25.3 Where it is not possible to avoid manual handling operations, an assessment of the operation will be made taking into account the task, the load, the working environment and the capability of the individual concerned. An assessment will be reviewed if there is any reason to suspect that it is no longer valid.
- 6.25.4 All steps will be taken to reduce the risk of injury to the lowest level possible.

6.26 Display Screen Equipment

- 6.26.1 It is the policy of DIALOGUE FOR DIVERSITY to comply with the law set out in the Health and Safety (Display Screen Equipment) Regulations 1992.
 - 6.26.2 Employees will conduct health and safety assessments of their workstations if they use VDU screens as part of their usual work and will ensure that workstations put into service shall meet the requirements set out in the schedule to the regulations.
 - 6.26.3 The risks to users of VDU screens will be reduced to the lowest extent reasonably practicable.
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6.26.4 VDU screen users will be allowed periodic breaks in their work.

6.26.5 All VDU screen users will be given appropriate and adequate training on the health and safety aspect of this type of work.

6.27 Control of Hazardous Substances

6.27.1 It is the policy of DIALOGUE FOR DIVERSITY to comply with the law as set out in the Control of Substances Hazardous to Health (Amendment) Regulations (NI) 2005.

6.27.2 A risk assessment will be conducted of any work involving exposure to hazardous substances. The assessment will be based on manufacturers' and suppliers' health and safety guidance and our own knowledge of the work process.

6.27.3 DIALOGUE FOR DIVERSITY will ensure that exposure of employees to hazardous substances is minimised and adequately controlled in all cases.

6.27.4 All employees who will come into contact with hazardous substances will receive comprehensive and adequate training and information on the health and safety issues relating to that type of work.

6.27.5 Assessments will be reviewed periodically, whenever there is substantial modification to the work process, and if there is any reason to suspect that the assessment may no longer be valid.**that the assessment may no longer be valid.**

that the assessment may no longer be valid.

that the assessment may no longer be valid.

6.28 that the assessment may no longer be valid.Smoking

6.28.1 DIALOGUE FOR DIVERSITY operates a No Smoking Policy in the working environment.

HEALTH & SAFETY POLICY STATEMENT

Dialogue For Diversity agrees to: -

- Provide adequate control of the health and safety risks arising from our work activities include access and egress;
- To consult with our employees on matters affecting their health & safety;
- To provide and maintain safe equipment and plant;
- To ensure the safe handling and use of substances;
- To provide information instruction and supervision for employees;
- To ensure all employees are competent to do their tasks, and to give them adequate training;
- To reduce the likelihood of accidents and cases of work related ill health;
- To maintain safe and healthy working conditions; and maintain safe and healthy working conditions; and
- To review and revise this policy as necessary at regular intervals maintain safe and healthy working conditions; andTo review and revise this policy as necessary at regular intervals maintain safe and healthy working conditions; andTo review and revise this policy as necessary at regular intervals

Signed:

Chair
Dialogue for Diversity

Date: _____

DIALOGUE FOR DIVERSITY (and its service for Active Communities Restoring the Earth)(ACE)

EQUAL OPPORTUNITIES POLICY

Policy Statement

It is the policy of Dialogue for Diversity (DFD) and of its ACE Project to uphold the principles of Equal Opportunities and observe the spirit and letter of the relevant legislation. We are opposed to all forms of unlawful and unfair discrimination and will not treat people unequally on grounds of

- Gender (including gender reassigned persons).
- Pregnancy or maternity Leave.
- Marital status.
- Religious belief.
- Political opinion.
- Ethnic origins.
- Disability.
- Sexual orientation.
- Age.
- Having or not having dependents.

All who work in the Service will be treated fairly and in the case of selection for employment, promotion, training or any other benefit it will be on the basis of aptitude and ability.

Our Equal Opportunities Policy will help all employees to develop their full potential and the talents and resources of the workforce will be fully utilised to maximise the efficiency of the organisation. We are committed to:

- Promoting a good and harmonious working environment in which all persons are treated with respect and dignity.
- Preventing any form of direct or indirect discrimination or victimisation.
- Promoting equal opportunities for women and men.
- Securing fair participation for Catholics and Protestants.
- Promoting equal opportunities for people with disabilities.
- Promoting equal opportunities for ethnic minorities.
- Promoting equal opportunities for people of different sexual orientation.
- Promoting a good and harmonious working environment where all men and women are treated with respect and dignity and in which no form of intimidation or harassment will be tolerated.
- Fulfilling all legal obligations under the relevant legislation and associated Codes of Practice.
- Taking any necessary positive/affirmative action.

Implementation

The Project Coordinators are responsible for the implementation of this policy. The Management Committee have overseeing responsibilities. All workers are expected to abide by the policy and help create the equality environment which is its objective.

In order to implement this policy DFD will ensure that:

- (1) The policy is communicated to all involved and they are made aware of what is expected of them.
- (2) Staff involved in assessing candidates for working with the Service will be informed in non-discriminatory recruitment and selection techniques.

Affirmative Action

Where appropriate, lawful positive action measures such as special encouragement in advertisements or special training will be developed. These measures are available to us in certain circumstances; for example where there is an under-representation of a particular group in specific areas of work.

Monitoring and Review

The provision of equality of opportunity between women and men will be monitored in relation to community background, ethnic background, gender, age group, marital status, status as a disabled person. The situation will be reviewed from time to time.

Direct Discrimination

Direct discrimination occurs when a person is treated less favourably than another on the grounds of their gender, marital or family status, religious belief or political opinion, disability, race or ethnic origin, nationality, sexual orientation and age.

Indirect Discrimination

Indirect discrimination can occur when a requirement or condition, which cannot be justified on grounds other than gender, marital or family status, religious belief or political opinion, disability, race or ethnic origin, nationality, sexual orientation and age is applied equally but has the effect in practice of disadvantaging a considerably higher proportion of persons in one or other of the above groups.

Disability Discrimination

Disability discrimination occurs when for a reason related to their disability, a disabled person is treated less favourably than other people, and this treatment cannot be justified. It also occurs when an employer fails to comply with the duty to make a reasonable adjustment in relation to the disabled person, and the failure cannot be justified. An employer cannot justify less favourable treatment if, by making a

reasonable adjustment, it would remove the reason for the treatment.

Victimisation

Victimisation occurs when a person is treated less favourably than another because that person has, for example, asserted rights under any of the discrimination laws or has helped another person to assert such rights or given information to the relevant statutory body, or because it is suspected that the person might do any of these things.

Complaints

Any act which contravenes the equal opportunities policy and practice will be regarded as gross misconduct and could lead to disciplinary action in accordance with the rules of the organisation.

People who believe that they have suffered any form of discrimination, harassment or victimisation are entitled to raise the matter through the procedures. All complaints of discrimination will be dealt with seriously, promptly and confidentially.

If the complaint is not satisfactorily resolved it may be lodged with an industrial tribunal within three months from the date of the alleged act of discrimination. In respect of equal pay, the complaint can be lodged at any time while the person is in the job or within six months of leaving the job.

Signed:
Management Committee

Date:

Signed:
Management Committee

Date:

Dialogue for Diversity & ACRE

Child Protection & Vulnerable Adults Policy and Procedures

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Appendix 1: Useful Contact Details.

Appendix 2: Code of Conduct.

Appendix 3: Recruitment and Selection of volunteers.

1. Introduction and aim of this policy.

Community Support is committed to the care, welfare and protection of those whom we assist and support. This policy outlines the following:

1. What is meant by 'Child Abuse' and 'Vulnerable Adult Abuse'?
2. How to respond to a concern of abuse of a child/ren or vulnerable adult.
3. Code of Conduct for volunteers.
4. Procedures to be followed in the recruitment, selection and management and support of Mentors and other volunteers.

2. Policy Statement:

Abuse is a violation of an individual's human and civil rights; it can take many forms. All volunteers in Community Support are committed to practice which promotes the welfare of all, in particular children, young people and vulnerable adults whom we assist, and safeguard them from harm.

Staff and volunteers in our organisation accept and recognise our responsibilities to develop awareness of the issues that cause children, young people and vulnerable adults harm, and to establish and maintain a safe environment for them. We will not tolerate any form of abuse wherever it occurs or whoever is responsible. We are committed to promoting an atmosphere of inclusion, transparency and openness and

are open to feedback from the people who use our services, carers, advocates, our staff and our volunteers with a view to how we may continuously improve our services/activities.

Community Support Project will endeavour to safeguard children, young people and vulnerable adults by:

- Adhering to our safeguarding children, young people and vulnerable adults policy and ensuring that it is supported by robust procedures;
- Carefully following the procedures laid down for the recruitment and selection of staff and volunteers;
- Providing effective management for staff and volunteers through supervision, support and training;
- Implementing clear procedures for raising awareness of and responding to abuse by reporting concerns to statutory agencies that need to know, while involving children, young people, vulnerable adults, carers, parents appropriately and any other appropriate personnel who are involved with the Mentees, as appropriate.
- Ensuring general safety and risk management procedures are adhered to.
- Promoting full participation and having clear procedures for dealing with concerns and complaints;
- Managing personal information, confidentiality and information sharing;
- Safeguarding children, young people and vulnerable adults by implementing a code of behaviour for all involved with the organisation.
- Recognising that the welfare of children is of paramount importance.
- Recognising the risks posed to vulnerable adults.

We will review our policy, procedures, code of behaviour and practice at regular intervals, at least once every three years.

3. Useful definitions.

Definition of a child:

The Children (NI) Order 1995 defines a 'Child' as a person under 18 years of age, (unless the young person is married).

Definition of a Vulnerable Adult:

The Northern Ireland definition of a 'Vulnerable Adult' is;

'Any person aged 18 years or over who is, or may be, unable to take care of him or herself or who is unable to protect him or herself against significant harm or exploitation. This may be because he or she has a mental health problem, a disability, a sensory impairment, is old and frail, or has some form of illness. Because of his or her vulnerability, the individual may be in receipt of a care service in his or her own home, in the community or be resident in a residential care home, nursing home or other institutional setting.'

Ref: Department of Health Social Service and Public Safety (2009)- Adult Abuse – Guidance for staff.

CHILD ABUSE.

Recognising child abuse and what to do about it.

4. Child Protection and Safeguarding:

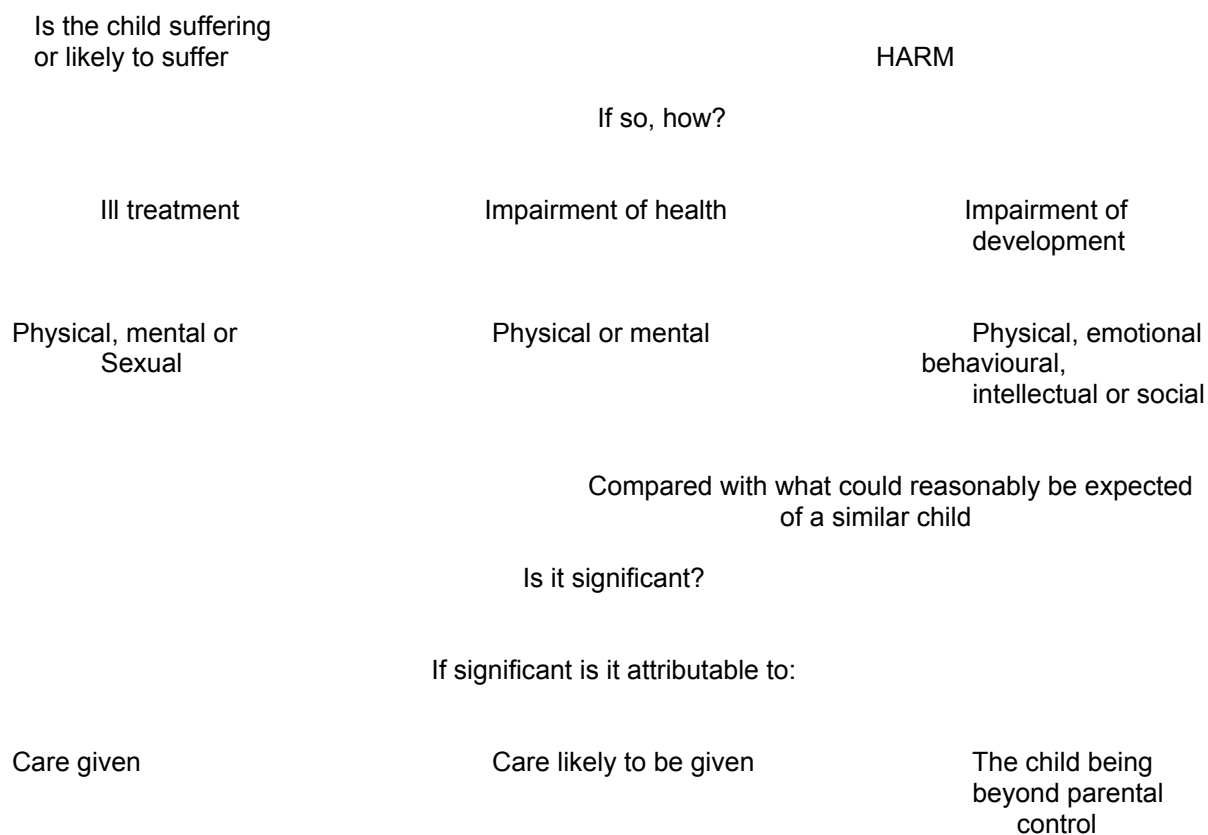
The Children (NI) Order 1995 is underpinned by a set of principles that effect how the legislation is used in practice. In some cases the principles can conflict and ultimately a family proceedings court may have to decide on the emphasis placed on each of them.

The five Principles of this legislation are usually referred to as the 5 P's:

- Paramountcy of the child (has to be our paramount concern);
- Parental Responsibility;
- Prevention (family support services);
- Partnership (between agencies and the state and families);
- Protection ('significant harm' concept).

The diagram below may assist mentors to give consideration as to how a child may suffer significant harm:

Significant Harm Criteria



NOT what it would be reasonable to expect a parent to give him/her

Ref: DHSSPS (2003), Co-operating to Safeguard Children

5. Definitions and recognition of 'child abuse'.

Community Care volunteers have a legal and moral obligation to ensure that children are safe and protected from any form of abuse or neglect.

The Children (NI) Order 1995 introduced the concept of 'significant harm' as a legal threshold for the state authorities, that is Social services, PSNI and NSPCC, who must investigate all allegations of child abuse and neglect, if there is 'reasonable cause' to suspect that a child under the age of 18 years has 'suffered or likely to suffer significant harm'.

Good child protection practice means ensuring that Community Support volunteers know how to recognise a child protection concern.

The Volunteers are not responsible for deciding whether or not abuse has occurred, but they have a responsibility to be alert to signs or indicators of abuse and behaviour by children or Mentees that suggests something may be wrong.

When there are concerns or where allegations are made, people may feel anxious about contacting Social Services or the PSNI, or about passing on information to anyone else. These should be discussed with your Coordinator. Failure to act could be very dangerous for the child. Neither the mentor or the Coordinator are not in a position to make an assessment as to whether a child has been abused and the concerns or information may be only a small fraction of the full picture

In child protection cases the child's welfare is paramount, irrespective of parents or other alleged perpetrators human rights. Children may be abused in many settings, within a family, in an institutional or community setting, by those known to them, or more rarely, by a stranger. You may think of parents and other adult carers as abusers but children can also be abused by other, usually older, children. There are also different types of abuse and a child may suffer more than one of them.

The main categories of abuse used in Northern Ireland are defined as:

Physical Abuse

Physical abuse is the deliberate physical injury to a child, or the wilful or neglectful failure to prevent physical injury or suffering. This may include hitting, shaking throwing, poisoning, burning or scalding, drowning, suffocating, confinement to a room or cot, or inappropriately giving drugs to control behaviour.

Emotional Abuse

Emotional abuse is the persistent emotional ill-treatment 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 involve 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 ill-treatment of a child, though it may occur alone. Domestic violence, adult mental health problems and parental substance misuse may expose children to emotional abuse.

Sexual Abuse

Sexual abuse involves forcing or enticing a child to take part in sexual activities. The activities may involve physical contact, including penetrative or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

Neglect

Neglect is the persistent failure to meet a child's physical, emotional and/or psychological needs, likely to result in significant harm. It may involve a parent or carer failing to provide adequate foods, shelter and clothing, failing to protect a child from physical harm or danger, failing to ensure access to appropriate medical care or treatment, lack of stimulation or lack of supervision. It may also include non-organic failure to thrive. In addition, please note in relation to the physical punishment of children: Article 2 of the Law Reform (Miscellaneous Provisions) (NI) Order 2006 came into operation in Northern Ireland under this the smacking of children by their parents is not illegal in Northern Ireland. However, if they mark or bruise a child, parents (or other carers) charged with allegedly assaulting their children can't use the defence of "reasonable chastisement", if the assault caused an injury requiring any degree of medical treatment.

6. How could a child protection incident involve me?

As a Community Support volunteer you may become aware that a child is suffering harm or abuse in a variety of way:

- You may receive information from a mentee which may indicate the potential for risk to a child or children.
- You may receive information indirectly from a child or adult, that they strongly believe a child has been abused.
- You may receive information from a 'third party' about a child or family that Community Support may or may not be involved with.
- You may be aware that a parent's ability to safeguard or look after their children may become impaired through substance misuse, (including alcohol), mental health issues or domestic violence in the home. (Our Children and Young People – Our Shared Responsibility (2006) DHSSPS).
- Something in the behaviour of one of the Community Support volunteers may concern you in the way they relate to a child, or they may be in breach of the code of conduct.

7. Responding to, reporting and recording a concern / incident:

Responding:

In the event that a volunteer encounters a case of alleged or suspected abuse of a child, it is important that they **do not decide** if abuse has or has not occurred. Neither should they attempt to deal with a case of alleged or suspected abuse alone. It is for Social Services and PSNI to decide, following a referral and assessment.

The main responsibility for the volunteer who encounters the alleged or suspected abuse is to record it and report it to the Coordinator who will in turn report it to the Gateway Team (Social Services) or PSNI (Public Protection Unit). Any notes the volunteer has made regarding the matter should be made available to the Statutory Authorities and kept in a secure place.

Reporting Procedures

If a concern arises about a child or young person or if a complaint is made about the behaviour of a Community Support volunteer, the following reporting procedures must be followed:

1. When a concern arises, the information is given **immediately** and directly to the coordinator. If this is not appropriate then the volunteer must contact the Chairperson of the Management Committee.
2. Details of contact for the Coordinator and Chairperson are shown below.

Brian Lennon (CS Coordinator)	07834997011
Aileen Oates (CS Chairperson)	07815865704
Brendan Mac Partlin (MSS Coordinator)	07519698841

3. The Coordinator will inform the civil authorities without delay. Contact information for the civil authorities can be found in Appendix 1.
4. The guiding principle is that the safety of the child or young person is always the most important consideration. Any safeguarding allegation or concern should be treated seriously.
5. In Northern Ireland the relevant civil authorities are the PSNI and the Health and Social Care Trust.

Initial Contact Procedure

1. All those involved in dealing with a safeguarding allegation or suspicion, are required to record their conversations and actions. This includes the Coordinator and, if reporting on behalf of a complainant, the person who reported the abuse or concern to the Coordinator.

It is not the role of the volunteer or coordinator to investigate!

2. In cases of emergency, where a child or young person appears to be at immediate risk, an immediate report should be made to the Health and Social Care Trust.
3. Whenever a concern is raised and it is possible and practical, take notes during the conversation. Always ask permission to do this and explain the importance of recording all information. Where it is not appropriate to make notes at the time, make a written record as soon as possible afterwards and in any case before the end of the day.
4. Explain to the child/person raising the concern what will happen next. Indicate who will be made aware of the information given by them. Leave contact details of the Coordinator in case the referrer needs to ask questions later.
5. All safeguarding concerns must be reported to either the PSNI or the relevant Health and Social Care Trust.

Responding to a child making an allegation of abuse

Children will occasionally tell an adult that they are being abused if they feel they can trust this person. This happens for many reasons but the important thing to

remember is that they are telling that person in the hope that he/she will act to stop the abuse happening, even if they ask the individual not to do anything with that information. Find an opportunity to explain that it is likely that this information will need to be shared with others and at the end of the discussion tell them what you plan to do next and with whom this information will be shared. If a child begins to tell you about abuse it is important that you:

Do:

- stay calm;
- listen carefully and take the child seriously;
- only ask questions for clarification if you are unclear what the child is saying;
- allow the child to continue at his/her own pace;
- reassure the child that, in disclosing the abuse, he/she has done the right thing;
- tell the child that he/she is not to blame for the abuse;
- assure him/her of help and support;
- report the child's disclosure to the Coordinator.

As soon as possible, write down everything that you were told by the child, using his/her own words to describe the abuse. Sign and date this record and pass it onto the Coordinator immediately.

Do not:

- dismiss the concerns;
- panic;
- probe for more information/ask other questions;
- 'promise not to tell anyone' or say 'you'll keep it a secret';
- make comments about the accused person;
- make assumptions or speculate;
- disclose details of the allegation to anyone else other than those stated in this document.

In the absence of the Coordinator or Chairperson refer the complaint to the relevant statutory agency – Health and Social Care Trust/PSNI.

Anonymous allegations or concerns

Anonymous complaints are to be treated carefully. Anxiety and fear may prevent some people from revealing their identity. It can be difficult to act on information within these procedures unless at some point the name of the person raising the concern/making an allegation is known. The person raising the concern should be informed that anonymity might restrict the ability of professionals to assess information if a child is at risk or to intervene to protect a child. Openness should be encouraged as far as possible.

Listening to a person who admits abusing a child

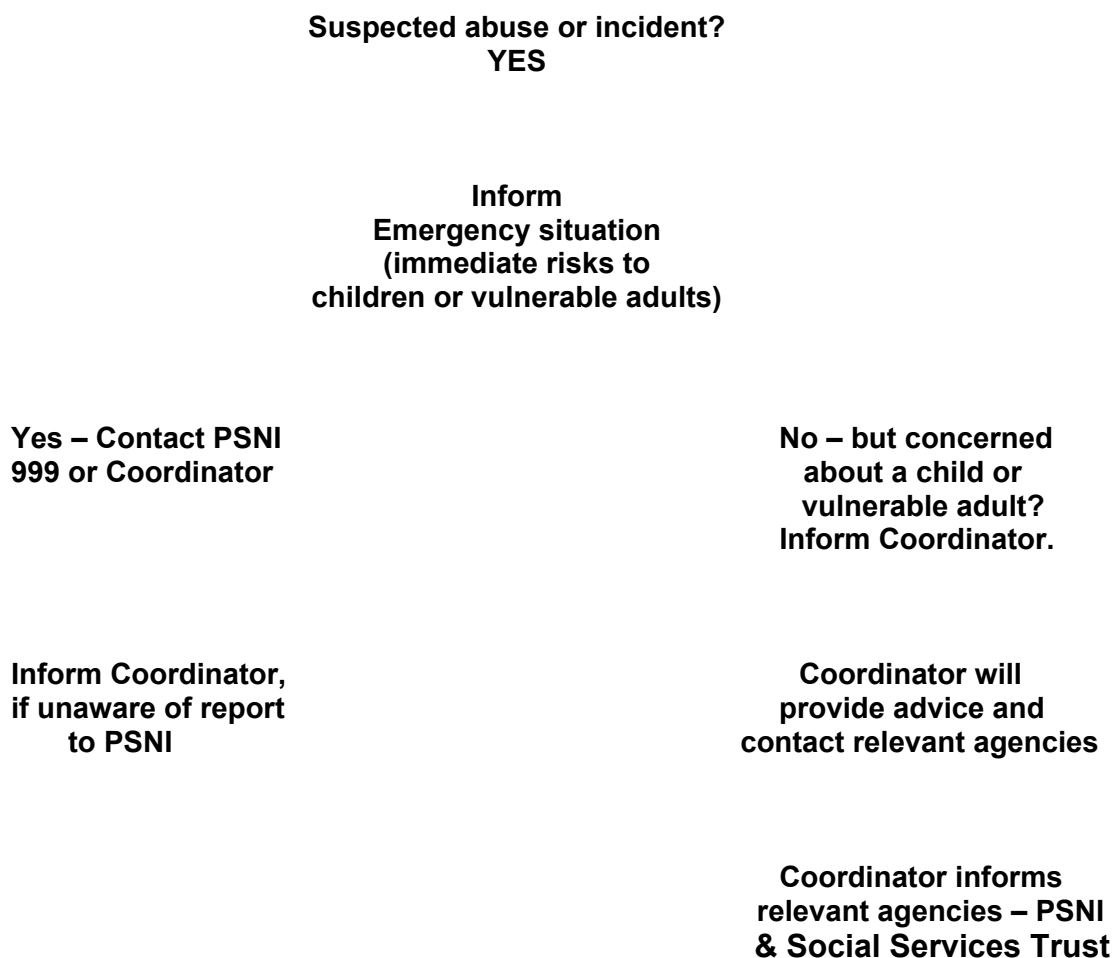
A person who admits an offence against a child or young person must always be told that ***such information cannot be kept confidential***. If such an admission is made, even where the admission relates to something which happened a long time ago, the person to whom it is disclosed **must** refer the matter to the Coordinator as soon as possible. This must be done regardless of the length of time since the incident took place.

The Coordinator will follow the procedures for referral to the Health and Social Care Trust/PSNI.

8. Confidentiality:

Confidentiality in relation to child protection is conditional and is usually shared on a 'need to know' basis. While it may be difficult to share concerns about parents, colleagues, or indeed young people, which affect important working relationships, it is essential that considerations of confidentiality should not be allowed to override the right of children to be protected from harm. The prompt flow of accurate information can often be for the benefit and safety of all concerned. Significant information should only be shared internally and externally with appropriate personnel and agencies on a need-to-know basis. The alleged perpetrator must not be informed of the concerns as this may interfere with a potential PSNI investigation.

Reporting Procedure Flow Chart.



ADULT ABUSE.

Everyone is entitled to have their civil and human rights upheld and to live a life free from abuse and neglect. All concerns, allegations and disclosures must be taken seriously and dealt with appropriately. When there are concerns or where a disclosure or allegation is made, people often feel anxious about passing on the information to someone else.

Concerned individuals may ask themselves, “What if I am wrong?” and this may hold them back from taking action. It is important for volunteers to know that they are *not responsible for deciding whether or not abuse has occurred* and neither are they *responsible for conducting an investigation*. This is the role of the appropriate authorities. However volunteers do need to pass on any concerns they have.

Some types of abuse, including assault (sexual or physical) theft and fraud are criminal offences that should be reported to the police and health and social care trust.

Recognising adult abuse and what to do about it:

9. Who is a ‘Vulnerable Adult’?

Through their work with Community Support, volunteers will come in contact with adults who may be considered to be ‘vulnerable’

The Northern Ireland definition of a ‘Vulnerable Adult’ is;

‘Any person aged 18 years or over who is, or may be, unable to take care of him or herself or who is unable to protect him or herself against significant harm or exploitation.

This may be because:

- he or she has a mental health problem.
- a disability (learning or physical).
- a sensory impairment.
- is old and frail.
- has some form of illness.

Because of his or her vulnerability, the individual may be in receipt of a care service in his or her own home, in the community or be resident in a residential care home, nursing home or other institutional setting.

Vulnerable adults are protected against criminal acts in the same way as any other person. Where there is reasonable suspicion that a criminal offence may have occurred, it is the responsibility of the police to investigate and make decisions about what action should be taken. The police should always be consulted about criminal matters

10. Recognising ‘Vulnerable Adult’ abuse:

What is abuse?

Abuse is a violation of an individual’s human and civil rights by any other person or persons.

Abuse is defined as: *‘The physical, psychological, emotional, financial or sexual maltreatment or neglect of a vulnerable adult by another person. The abuse may be*

a single act or repeated over a period of time. It may take one form or a multiple of forms. The lack of appropriate action can also be a form of abuse. Abuse can occur in a relationship where there is a breach of that trust, by persons who have influence over the life of a dependant, whether they be formal or informal carers, staff or family members or others. It can also occur outside such a relationship'. Department of Health and Social Services Guidance 2006.

Abuse can take many forms including the following:

Physical Abuse:

Including: hitting, slapping, pushing, burning, giving a person medicine that may harm them, restraining or disciplining a person in an inappropriate way.

Possible signs: fractures, bruising, burns, pain, marks, not wanting to be touched.

Psychological Abuse:

Including: emotional abuse, verbal abuse, humiliation, bullying and the use of threats.

Possible signs: being withdrawn, too eager to do everything they are asked, showing compulsive behaviour, not being able to do things they used to, not being able to concentrate or focus.

Financial or Material Abuse:

Including: misusing or stealing the person's property, possessions or benefits, cheating them, using them for financial gain, putting pressure on them about wills, property, inheritance or financial transactions.

Possible signs: having unusual difficulty with finances, not having enough money, being too protective of money and things they own, not paying bills, not normal home comforts.

Sexual Abuse:

Including: direct or indirect sexual activity where the vulnerable adult cannot or does not consent to it.

Possible signs: physical symptoms including genital itching or soreness or having a sexually transmitted disease, using bad language, not wanting to be touched, behaving in a sexually inappropriate way, changes in appearance.

Neglect or Acts of Omission:

Including: withdrawing or not giving the help that a vulnerable adult needs, so causing them to suffer.

Possible signs: having pain or discomfort, being very hungry, thirsty or untidy, failing health, changes in behaviour.

Discriminatory Abuse:

Including: the abuse of a person because of their ethnic origin, religion, language, age, sexuality, gender or disability.

Possible signs: the person not receiving the care services they require, their carer being overly critical or making insulting remarks about the person, the person being made to dress differently from how they wish.

Institutional Abuse: This can happen when an organisation, where the person is living or receiving care from, fails to ensure that the necessary processes and systems are in place to safeguard vulnerable adults and maintain good standards of care and service.

Including: lack of training of staff and volunteers, lack of or poor quality supervision and management, poor record keeping and liaison with other agencies, low staff morale and high staff turnover.

Possible signs: vulnerable adult has no personal clothing or possessions, there is no care plan, the person is often admitted to hospital, or there are instances of staff/

volunteers having treated the person badly or unsatisfactorily or acting in a way that causes harm, poor staff morale and high staff turnover and lack of clear lines of accountability and consistency of management.

If there are concerns about a vulnerable adult's wellbeing which are not dealt with under vulnerable adult safeguarding procedures they should be reported to the local Health & Social Care Trust. **A record of this referral should be retained.**

11. Where might abuse of a vulnerable adult take place?

Abuse can happen anywhere:

- In someone's own home.
- In a carers home.
- Within day care, residential care, nursing care or other institutional settings.
- At work or in educational settings.
- In rented accommodation or commercial premise.
- In public places

12. Who might abuse?

This could be anyone who has contact with the vulnerable person – it could be a partner, spouse, child, relative, friend, advocate, informal carer, a member of a church, healthcare, social care or other worker, a peer or, less commonly, a stranger.

Domestic/Familial Abuse: This is the abuse of a vulnerable adult by a family member such as partner, son, daughter or sibling.

Professional Abuse The misuse of power and abuse of trust by professionals, the failure of professionals to act on suspected abuse/crimes, poor care practice or neglect in services, resource shortfalls or service pressures that lead to service failure and culpability as a result of poor management systems. Possible signs of professional abuse include:

- Entering into inappropriate relationships with a vulnerable adult
- Failure to refer disclosure of abuse
- Poor, ill- informed or outmoded care practice
- Failure to support a vulnerable adult to access health/care treatment
- Denying a vulnerable adult access to professional support and services such as advocacy
- Inappropriate response to challenging behaviours
- Failure to whistle blow on issues when internal procedures to highlight issue are exhausted.

Peer Abuse This is the abuse of one vulnerable adult by another vulnerable adult within a care setting. It can occur in group or communal settings, such as day care centres, clubs, residential care homes, nursing homes or other institutional settings.

Stranger Abuse A vulnerable adult may be abused by someone who they do not know such as a stranger, a member of the public or a person who deliberately targets vulnerable people. Every organisation should have procedures in place for dealing with concerns raised by staff and volunteers and for reporting those concerns. In Northern Ireland this will be to the local HSC Trust or PSNI where appropriate.

13. What would cause you concern or suspicion about abuse?

There are a number of ways in which you might become concerned or suspicious that a vulnerable adult is suffering or, has suffered, harm.

- The vulnerable adult may tell you directly.
- Someone else may tell you of their concerns or some incident that causes you concerns.
- A vulnerable adult may show some signs of physical injury for which there appears to be no credible or satisfactory explanation.
- A vulnerable adult's demeanour/behaviour may cause you to suspect that something does not feel right, or possible abuse has taken place.
- The behaviour of another individual close to the vulnerable adult makes you feel uncomfortable (this may be another staff member, volunteer, or leader of an activity or family member).
- Through general good neighbourliness and social guardianship.

Being alert to possible abuse plays a significant role in ensuring that vulnerable adults are safeguarded and it is important that **all** concerns about possible abuse are reported.

14. What if a vulnerable adult discloses abuse?

Where this happens, it is important that volunteers know how to respond and do so in accordance with the following guidelines:

DO

- Stay calm
- Listen very carefully.
- Reassure the person - tell him/her they did the right thing in telling you
- Let them know that the information will be taken seriously and give them information about what will happen next
- If urgent medical/police help is needed, call the emergency services
- Ensure the immediate safety of the person
- Be aware that medical and forensic evidence might be needed
- Let the person know that they will be kept informed at every stage
- Give the person contact details so that they can report any further issues or ask any questions that may arise.
- Explain that you must tell Community Support Coordinator immediately.
- Explain that what you have heard or seen, has given rise to your concerns.
- Record in writing (date and sign your record) and report to the Coordinator.
- Act without delay.

DO NOT

- Stop someone disclosing to you
- Promise to keep secret what they tell you
- Press the person for more details or make them repeat the story
- Gossip about the disclosure or pass any information about this to anyone who does not have a legitimate need to know
- Under any circumstances, contact the alleged abuser
- Attempt to initiate an investigation yourself
- Leave details of your concern on a voicemail or by e-mail
- Delay in responding

Checking Out: There may need to be some initial "checking out" with the vulnerable adult who has disclosed information to you in order to ensure his/her safety. For example, if a volunteer notices a bruise on a vulnerable adult's arm, it

would be appropriate to ask “I see you have a bruise on your arm. How did that happen?” Then listen. However, be careful not to start investigating. It is important that volunteers understand the clear distinction between “checking out” and an investigation.

Do not start investigating by asking questions that relate to the detail, or circumstances of the alleged abuse, beyond initial checking out, listening and expressing your concern.

If all mechanisms for reporting allegations of abuse have been exhausted without your concerns being taken seriously, it should be noted that the Public Interest Disclosure (NI) Order 1998 provides for the active safeguarding and protection of what are commonly known as ‘whistle-blowers’.

15. Recording and Reporting adult abuse to social services:

Recording: A written record must be kept in relation to the incident – how the concerns came to light; who advised of the concerns/allegations; brief notes on what was said; who the matter was reported to. All records relating to concerns/allegations of suspected or actual abuse of a vulnerable adult must be dated and signed and stored by the Community Support Coordinator in a safe and secure place and in the event of a criminal investigation, the original record given to the PSNI.

Sharing of Information: All vulnerable adults and where appropriate their carers or advocates, need to be made aware that the operation of multi-disciplinary and inter-agency procedures will, on occasions, require the sharing of information with PSNI or HSC Trust in order to protect a vulnerable adult or others, or to investigate an alleged suspected criminal offence. Information **must not** be shared with the alleged perpetrator as this may interfere with a potential criminal investigation.

The duty to protect takes precedence over individual confidentiality if a person or others are at serious risk of harm or have been seriously harmed. But information sharing will be proportional and on a ‘need to know’ basis. The person will be advised before the information is shared and with whom it will be shared.

Reporting Procedure Flow Chart.

Suspected abuse or incident?

YES

**Inform
Emergency situation
(immediate risks to
children or vulnerable adults)**

**Yes – Contact PSNI
999 or Coordinator**

**rdinator
child or**

**No – but concerned
about a child or
about a**

**vulnerable adult?
Inform Coordinator.**

**Inform Coordinator,
if unaware of report
to PSNI**

**Coordinator will
provide advice and
contact relevant agencies**

**Coordinator informs
relevant agencies – PSNI
& Social Services Trust**

16. Confidentiality:

All information relating to concerns/allegations /suspicions about a vulnerable adult should be treated as confidential and should only be communicated on a 'need to know' basis. This information should not be shared with anyone inside or outside Community Support, unless they are involved in the case. The Coordinator will advise on a 'need to know basis' who should have access to records. Where a crime is suspected, confidential information may be disclosed to the PSNI and the HSC Trust for such purposes.

USEFUL CONTACT DETAILS:

ADULT SERVICES:

PSNI:

Tel: 999 (in emergency only)
0845 600 8000

This is a centralised number. Ask to be put through to the police station which serves the area where the incident/alleged incident took place.

Social Services:

The Health and Social Care Trusts in Northern Ireland have Adult Safeguarding services in all Trusts. Anyone reporting a concern or making an allegation of abuse should contact this service in the Trust which serves the area where the incident/alleged incident took place. Contact information for the service in each Trust is outlined below:

Southern Health and Social Care Trust: Tel: 028 3083 2650
028 3083 5000 (after 5.00pm)

South Eastern Health and Social Care Trust: Tel: 028 9266 5181
028 9056 5444 (after 5.00pm)

NI Trust Out of Hours Service: Tel: 028 9504 9999

Northern Ireland Regional Emergency Social Work Service: Tel: 028 950 49999
(This service is available outside normal office hours including weekend and public holidays i.e. 5pm to 9am Monday to Thursday and 5pm Friday to 9am Monday. There is 24 hour cover over public holidays.)

Help for adults: Tel: 08007837745

CHILDREN & FAMILY SERVICES:

PSNI:

Tel: 999 (in emergency only)
0845 600 8000

This is a centralised number. Ask to be put through to the police station which serves the area where the incident/alleged incident took place.

The Health and Social Care Trusts in Northern Ireland have Gateway services in all departments including the Children's Social Work department. Anyone reporting a concern or making an allegation of abuse should contact this service. Contact information for these departments in each of the five Health and Social Care Trusts are outlined below:

GATEWAY SERVICES: Tel: 08007837745

(Gateway is a social work service for children and families.)

NSPCC - CHILDLINE: Tel: 08001111

SOUTHERN HEALTH AND SOCIAL CARE TRUST

Gateway Services (Armagh, Coalisland, Ballygawley, Dungannon, Markethill, Moy, Portadown and Newry)

Tel: 08007837745 (9.00am to 5.00pm)

Out of hours Emergency Service

Tel: 02838334444 (ask for duty social worker)

NORTHERN HEALTH AND SOCIAL CARE TRUST

Gateway Services (Cookstown, Lissan, Magherafelt and Pomeroy)

Tel: 03001234333 (9.00am to 5.00pm)

Out of hours emergency service

Tel: 02894468833 (ask for duty social worker)

WESTERN HEALTH AND SOCIAL CARE TRUST

Gateway Services (Carrickmore and Beragh)

Tel: 02871314090 (9.00am to 5.00pm)

Out of hours emergency service

Tel: 02871345171 (ask for duty social worker)

RAPE CRISIS & SEXUAL ABUSE CENTRE (NI)

29 Donegal Street

Belfast

BT1 2FG

Helpline: 02890 329002

Appendix 2

CODE OF CONDUCT.

Safeguarding is regarded as central to the wellbeing of children, young people and vulnerable adults. 'Best Practice' promotes an ethos and provides a set of practical policies and procedures to support their development in ways which will promote their security, confidence and independence. It is necessary that the following Code of Conduct be applied as a minimum standard in order to support Policy and Procedures in the area of the safeguarding of children, young people and vulnerable adults. In relation to children, young people and vulnerable adults, volunteers and DFD personnel:

- will treat these individuals and each other with courtesy, dignity and respect;
- will take care to treat each individual with equal respect, favouritism is not acceptable;
- will always engage with them in an open manner;
- will not spend a disproportionate amount of time with any particular individual or group of individuals;
- will not use physical punishment under any circumstances;
- will not verbally abuse any individual;
- will not engage in, or tolerate any behaviour – verbal, psychological or physical - that could be construed as bullying or abusive;
- will avoid inappropriate language and/or sexually suggestive comments, including telling jokes of a sexual nature, either towards these individuals or among themselves;
- will use age-appropriate language, media materials and activities and never use any sexually explicit or pornographic material;
- will develop appropriate guidelines in relation to the use of computers, videos, the Internet, cameras and camera phones;
- will ensure an appropriate and adequate ratio of adults to children and young people;
- will avoid being alone with an individual e.g. in relation to travel, meetings, home visits, remaining in churches or parish property, where two adults should be present;
- will maintain adequate, gender-appropriate, supervision for males and females;

- will not give alcohol, tobacco, drugs or other illegal substances to individuals under any circumstances;
- will not consume alcohol or tobacco while having responsibility for, or in the presence of, those in their care;
- will not use drugs or other illegal substances under any circumstances;
- will respect their physical integrity at all times;
- will not engage in inappropriate physical contact of any kind - including tough physical play, physical reprimand and horseplay (tickling, wrestling);
- will respect their right to privacy at all times;
- will always act with particular care regarding privacy in locations such as toilets, changing areas etc;
- will not perform tasks of a personal nature for individuals while they are in changing areas (e.g. in the locker room);
- will seek permission from parents/guardians for the taking/use of photographs, the generating of computer images and the making/showing of video recordings of events;
- will not give their personal details to individuals and only the named leader will hold personal details of individuals;
- will only contact individuals via their parents/guardians. will only contact individuals via their parents/guardians.

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RECRUITMENT AND SELECTION OF VOLUNTEERS

It is important that all possible steps are taken to prevent unsuitable people working with children and other vulnerable groups. While the vast majority of people who want to work with children and other vulnerable groups are well-motivated, good recruitment and selection procedures will help screen out those who are not suitable and enhance the prospects of identifying the best person for the post. You will find below a list of recommended steps to take to ensure safe recruitment practices.

Contact with children/vulnerable adults

What contact with children/vulnerable adults will the job involve?

Will the employee have unsupervised contact with children/vulnerable adults or hold a position of trust?

What other forms of contact will the person have with children/vulnerable adults e.g. email, telephone, letter, Internet?

Defining the role

Have the tasks and skills necessary for the job been considered?

Does the job description make reference to working with and having responsibility for children/vulnerable adults?

Key selection criteria

Has a list of essential and desirable qualifications, skills and experience been developed?

Written application

Have all applicants been asked to supply information in writing including personal details, past and current work/volunteering experience?

Have you developed application forms?

References

Are applicants asked to supply the names of two referees who are not family members and ideally, who have first-hand knowledge of the applicant's experience of work/contact with children/vulnerable adults?

Are referees asked specifically to comment on the applicant's suitability to work with children/vulnerable adults?

Are all references provided in writing and followed up with a telephone call if appropriate? Is the identity of referees verified?

Vetting procedure

Has the vetting procedure that you will need for your selected applicant been considered? (AccessNI vetting.)

Has the applicant been informed that you will need to conduct essential background checks before they take up any appointment?

NB. Has the applicant been informed that you will need to conduct essential background checks before they take up any appointment? NB. Basic DBS checks may be accepted for voluntary positions however it is dependant on the role as to whether a higher level of check is required.

If a volunteer will be working directly with children or any other vulnerable group, they will need an enhanced DBS check.

Records

Are details kept of the selection and induction process on the personnel file of the person appointed?

Are references kept on file as part of the record of the recruitment process?

Confidentiality

Is information about the applicant only seen by those directly involved in the recruitment process?

Are applicants reassured that information about them, including information about convictions, will be treated in confidence and not used against them unfairly?

Interview

Have at least two representatives from the organisation been identified to meet with an applicant to explore information contained in their application?

Have the applicant and the application forms been carefully considered, highlighting points to raise in interview, including:

- the applicant's attitudes towards working with children/vulnerable adults;
- areas you want to explore in more detail;
- gaps in employment history;
- vague statements or unsubstantiated qualifications;
- frequent changes of employment.

Declaration

Have applicants been asked to sign a declaration stating that there is no reason why they would be considered unsuitable to work with children/vulnerable adults?

Have applicants been asked to declare any past criminal convictions and cases pending against them?

Identification

Have applicants been asked for photographic documentation to confirm their identity
e.g. driving licence, passport?

Is documentation relating to the applicant's identity and relevant qualifications
checked at interview?

Qualifications checked at interview?

Qualifications checked at interview?

Are applicants asked for documentation to confirm qualifications?

The ACRE Project

Charter of Rights for Service Users and Complaints Procedure

The ACRE Project (Active Communities Restoring the Earth) is an initiative of Dialogue For Diversity. Set up in 2020 to encourage and support local groups to restore the earth, it is a response to the urgent need for visible, ground level action around the climate emergency. The Project reflects our individual and collective responsibility to care for the earth, our common home, which Pope Francis highlighted in his 2015 document, Laudato Si'.

Our Vision is: To explore and implement projects which promote integral ecology by empowering local communities to restore their own environment. We aim to do this by:

- Reducing carbon
- Increasing biodiversity
- Empowering local communities to engage in ecological and justice issues
- Contributing to social justice and inclusion

The ACRE Project is a voluntary group that will act in a Professional manner to help marginalised communities to address the destruction of our planet and nurture renewed growth and life protecting the planet for the future.

- We will work alongside groups and individuals treating everyone equally regardless of race, social status, gender, ability/disability or religious beliefs.
- We will be helpful, courteous and respectful
- We will endeavour to educate communities/individuals about climate change and empower them by offering opportunities to take action to reverse the destruction of our planet.
- We will focus on realistic practical and visible projects that are accessible to local groups.
- All projects will be based on agreement of Participants.
- Groups/communities will be facilitated/supported to assume ownership of and responsibility for their activities
- We will maintain contact with Service Users from 9.00 to 5.00pm Tuesday Wednesday and Thursday

Your Rights as a Service User

- To be treated with courtesy and respect
- To be supported to participate in projects and to speak out on Climate change and related issues
- To be supported in making decisions in yours and ACRES best interests and receive feedback if relevant
- To receive services in a healthy and safe environment
- To not be subjected to harassment or objectification
- To expect confidentiality in regard to personal information.

Your Responsibilities as a Service user

- To seek information and support when needed to make informed decisions
- To share information that enables staff to provide an appropriate service
- To respect the privacy confidentiality safety and dignity of others
- To encourage others to participate in ACRE projects
- To fulfil commitments and be aware of the impact of not doing so may have on others

- To avoid behaviour that undermines good relations

Standards of Service

ACRE aims to provide you with the highest standards of service and client care. If we fail to provide this to you, we need you to inform us so we can try to resolve any problems. We will also learn from them so that we can improve our service.

Complaints Procedure

This procedure explains how the ACRE Service will accept, record, investigate and resolve complaints made about its services.

How to make a Complaint

The ACRE Service will always try to provide you with an opportunity to tell us of your concerns and will work with you to try to resolve them.

- If you are not satisfied with any aspect of our service you may initially want to discuss this with our Project Coordinator, to see if the matter can be resolved quickly.
- If you have spoken to the ACRE Project Coordinator or if you do not wish to discuss your concerns with them, you may wish to make a formal complaint. You can make your complaint either verbally or in writing to Brian Lennon, who is the Manager of ACRE.

Brian can be contacted at Dialogue for Diversity The Community Centre Dobbin Street Armagh. Tel. 07834997011 email: info@dialoguefordiversity.org

Brian Lennon is responsible for handling complaints in relation to ACRE .

What Happens Next

- Brian Lennon will acknowledge your complaint within 2 days of receiving it.
- ACRE Project will investigate and provide you with a response to your complaint within 7 working days of our receipt of your complaint. If we have to change the time-scale for any reason, we will let you know and explain why.
- ACRE Project will keep details of your complaint in a central register. We will also create a separate file or section in your Group/communities case file to record details of the complaint, our investigation and ACRE Projects response to your complaint.

Investigation

Your complaint will be investigated in the following way:

1. Brian Lennon will ask the ACRE Project Coordinator to provide their response to your complaint.
2. Brian Lennon will consider the Project Coordinators response, the information provided in the complaint and any other relevant material (such as the contents of your activities case file).

3. Brian Lennon will then prepare a written response, which will be sent to you. This response will set out the findings of the complaint investigation as well as any suggestions for resolving the matter.

4. If your complaint merits it the Project Coordinator will be addressed with a view to remedying the situation.

4. If you are not satisfied with the response of ACRE Project you may take it to the Management Committee of Dialogue for Diversity. Committee member Michael Bingham may be contacted at 028 3833 0366 or michael_bingham1@btinternet.com

5. If you consider taking legal action against ACRE, we confirm we have Professional Indemnity Insurance to meet any relevant claims.

Guidance on Conducting an Investigation

During the course of the investigation you may wish to consider whether you discuss the client's complaint informally either by telephone or in a face-to-face meeting. Engaging in this way with the client may assist you in understanding their concerns as well as assisting your organisation in resolving the matter by avoiding the need for a formal investigation. If that is agreeable to the client, you should ask them to confirm this in writing.

The conclusion of your investigation should pull together your findings in relation to each of the client's specific concerns. It is important to refer to any evidence collected during the investigation such as the signed client letter and attendance notes of meetings and telephone conversations.

All of the material used in the investigation should be referred to in your letter to the client confirming the outcome of your investigation and conclusions reached. In addition, if appropriate, the letter should explain what improvements the organisation has made or will make as a result of the client raising their complaint.

If their complaint is found to be justified all or in part, it is often the case that clients will simply want an acknowledgement of what went wrong and offered a suitable remedy. The remedy needs to be proportionate to the mistake made.

Template letter on the outcome of an investigation

Dear xx,

I refer to the complaint you brought to our attention on [date] regarding the ACRE Project and services provided to you by our organisation. I have investigated this [matter/these matters] in accordance with our organisation's complaint procedure. My findings and conclusions are explained below.

It may help for me to first summarise the concerns you have raised: [list these]
I shall respond to each of these in turn referring, as necessary, to the letter you signed dated XXX, which set out your instructions together with other evidence relevant to my organisation's investigation. For ease of reference, I have attached a copy of your letter [and other notes such as attendance notes and other communications between yourself and my organisation and with other parties/organisations] to this letter.

In this part of the letter you will need to explain what enquires have been conducted.

In the next section you should provide a summary of the outcome of the investigation in respect of each concern the client has raised. If a mistake has been found, it is useful to explain what steps your organisation has taken or will take as a result.

The conclusion of the letter should confirm the overall findings. It will need to be made clear whether or not the client's concerns were found to be justified or not all or in part. If the former, the organisation will wish to explain the remedy or remedies the organisation is proposing such as paying compensation and/or taking certain action. The letter should conclude by advising the client that they can contact DFD if they remain unsatisfied with the outcome of your investigation.

Yours sincerely,

Outreach/Engagement:

Depending on our resources, ACRE Project will work with any local group struggling with climate issues and encourage other groups to get involved. We will help existing groups in any way we can.

As a project of Dialogue For Diversity, links already exist with other DFD projects working in migrant support, dialogue on contentious issues, and support for prisoners.

- [Migrants in Northern Ireland](#)
- [Peace Making in Northern Ireland](#)
- [Reform of the Church](#)
- [Writing and Reflection](#)
- [AGMs](#)

Dialogue for Diversity

Quality policy statement

Dialogue for Diversity was set up in 2009 (Legally registered in 2011) with the charitable purpose of advancing human rights, conflict resolution and reconciliation, and the promotion of religious and racial harmony, equality and diversity. We are based in Armagh and Portadown, NI, and have a staff of 20 people, volunteers and paid staff.

Quality is important to our business because we value our clients and stakeholders. We strive to provide our clients with services which meet and even exceed their expectations.

We are committed to continuous improvement and have established a Quality Management System which provides a framework for measuring and improving our performance.

We have the following systems and procedures in place to support us in our aim of total customer satisfaction and continuous improvement throughout our business:

- regular gathering and monitoring of customer feedback
- a customer complaints procedure
- training and development for our employees
- regular audit of our internal processes
- measurable quality objectives which reflect our service aims
- management reviews of audit results, customer feedback and complaints

Our internal procedures are reviewed regularly and are held in a Quality Manual which is made available to all employees.

This policy is posted and can be found in the staff handbook.

Although the Service Coordinators have ultimate responsibility for Quality, all staff have a responsibility within their own areas of work to help ensure that Quality is embedded within the whole of the organisation.

The policy review date is

Signed: Management Committee

Date:

1.9 Active Communities Restoring the Earth (ACRE) Data Retention Policy

1. Introduction

ACRE is committed to adhering to the General Data Protection Regulations (GDPR 2018) protecting the rights of the Organizations data subjects. ACRE Management Committee and Employees and Volunteers takes seriously the importance of compliance to GDPR and acknowledges the importance of this DPA Policy.

2. Principles

There are six data protection principles that should be followed in the handling of personal data. These principles require that personal data must:

- Be used fairly, lawfully, and transparently.
- Be used for specified, explicit purposes.
- Be used in a way that is adequate, relevant, and limited to what is necessary.
- Be accurate and where necessary kept up to date.
- Be kept for no longer than is necessary.
- Be handled in a way that ensures appropriate security, including protection against unlawful or unauthorised processing, access, loss destruction or damage.

All ACRE staff have a duty to comply with the law and with ACRE's Data protection Policy and to their commitment to meeting these principles.

All ACRE staff and volunteers will read and adhere to this policy from appointment.

3. Types of Data Gathered

- Contact details to include name address and telephone number of data subjects and those of the organization they are associated with.
- Information on the business of and the environmental needs and ideas of communities/ organizations represented by the data subject.
- Attendance at meetings
- Volunteer information

4. Purpose for Gathering Data

- To gather and record information on climate and environmental issues and the related needs and views of the data subject's community.
- To gather information that will enable ACRE to support communities on environmental issues.
- To inform public policy and decision making on the environment and contribute to the development of ACRE.
- To inform funders
- To evidence the work of the data controller
- To recruit and train volunteers.
- To record any untoward incident which may lead to claims against our volunteers.
- All data subjects will be informed of the purpose of gathering data and will be asked to consent before the meeting continues.

5. ACRE may Share Data with 3rd Parties with the Permission of the Data Subject

- Funders
- Public Policy and Decision Makers
- Other relevant Support Groups

6. Data Security

- All meetings will be recorded electronically. This record includes names address, phone numbers and some short notes about matters relevant to the meeting.
- Information on the data subject will not be shared with anyone other than the data subject unless written permission is sought.
- If there is a need for the data processor to share emails regarding litigated circumstances the information will be encrypted
- Data will not be stored in staff mailboxes.
- In the case of securing the data subjects identity a pseudonym will be used when passing on information.
- Electronic Files will be saved in an encrypted volume which will be set up by the ACRE DPO.
- If data subjects wish to have their names and views included in public records eg in a Public Consultation, Research or Debate, written permission must be sought by the Data Controller.

7. Data Management

- Data subjects have the right to have a copy of the information held or to have their data deleted from ACRE by making a request in writing.
- All data subjects will be entitled to see their data within a reasonable time of making their request.
- Data subjects will be entitled to have their data removed except records of meetings and records of untoward events.
- ACRE will hold information electronically for 6 years from the end of the year data recorded. After which it will be deleted securely.
- All mobile devices will be locked when not in use.
- Staff working remotely must ensure that they can follow the DPA Policy and store their mobile devices in a secure place.
- Information recorded in the ACRE Accident records will be held for 6 years from the end of the year the accident/incident is recorded and if the incident involves a child or young adult, until the child young adolescent reaches the age of 21 years.

8. Volunteers

- Data on applicants will be kept securely for 12 months after last contact, at which point they will be destroyed. This will include notes on conversations with Services officials, application forms and references.
- Data on active volunteers will be kept for as long as they are active, and for 1 year thereafter, at which time it will be destroyed. This will include notes on

conversations with Community Support officials, application forms and references.

9. Data Protection and CCTV

From time to time CCTV systems monitoring premises may be put in place. Where CCTV systems capture data Acre will comply with its obligations under the GDPR and DPA 2018 to ensure that data is stored securely. Employees should be aware that recorded CCTV footage will be monitored and may be used for the purposes of correcting alleged infringements of policies or procedures or as part of a disciplinary process under ACRE's disciplinary procedure.

10. Definitions of Key Terms:

Data Subjects = People whose data is held by ACRE
Data Controller = person gathering /managing the data
Data Processor = Persons reporting on information gathered
GDPR = General Data Protection Regulations
DPO = Data Protection Officer
VPN = Virtual Private Network

Reference; General data Protection Regulation - Wikipedia 3/2/2021 General Data Protection Regulation

https://en.wikipedia.org/wiki/General_Data_Protection_Regulation

Approved by ACRE Management

Signed:

Date:

Dialogue for Diversity

2.2 PROCUREMENT POLICY & PROCEDURE

DFD is a charity and has limited resources which it aims to maximise in fulfilling its charitable objects. In buying or commissioning goods and services, it aspires to implement good practice, operate fairly and transparently, obtain best value for money and procure ethically, taking into account environmental concerns.

DFD must act ethically in accordance with its mission for fairness, equality and right relations. Fairness to suppliers implies impartiality and not showing favour to particular suppliers for reasons not relevant to the transaction. DFD agents should, in general, not deal with companies where they have a financial or family connection. Members are asked to declare conflicts of interest at Management Committee meetings. No member of staff may derive personal financial benefit from purchasing arrangements. Gifts or hospitality may be accepted only where they are of low value and should otherwise be declined, returned or submitted to an immediate line manager for decision.

The key aims of DFD's procurement policy and process are:

- Value for money
- Transparency
- Open competition - unless there are exceptional reasons.
- Payment on time - in accordance with contractual arrangements.
- Legal compliance - contracts must be in writing and be fair and non-discriminatory
- Environmentally friendly - suppliers must consider environmental impacts and aim to minimise adverse effects.
- Local - goods and services including food should, by preference, be procured from local sources when possible.

PROCUREMENT PROCEDURES

Steps in the procurement process

- Identify the requirement by experience and research
 - Develop a specification
 - A request to purchase should be authorized by the Project Coordinator.
 - Approval to purchase should be sought from the Treasurer
 - Identify potential suppliers using the member directory, previous suppliers and any other sources including local knowledge and personal recommendations
 - Request and record quotations from a shortlist of potential suppliers.
 - Negotiation
 - Details all quotes should be presented to the Committee Meeting and recorded in the minutes.**inutes.**
 - Select supplier on the basis of cost and quality issues **inutes.Select supplier on the basis of cost and quality issues**
- inutes.Select supplier on the basis of cost and quality issues**

DFD procurement value criteria inutes.Select supplier on the basis of cost and quality issues DFD procurement value criteria

If, when required, it is not possible to obtain more than 1 quote within a reasonable amount of time, a business case must be made and signed off by the Treasurer.

When procuring consultancy and research a formal tender process should be followed.

Tendering Process

1. Agree specification for the service or product and the requirements of the supplier including quality issues
2. Advertise as widely as possible through Trust Members, local networks and contacts, place it on the DVD web site, allowing a minimum of 3 weeks for responses
3. Ensure the advertisement gives clear information about how to apply
4. Send out the specification to interested parties with full information of how to submit a tender
5. Evaluate responses on the basis of the specification by a panel of at least 2, preferably 3 people
6. Shortlist if necessary
7. Invite shortlisted supplies for interview/presentation where required. For specific products and some services the purchase can be made on the basis of the quote, however for other services such as consultancy, it is desirable to interview potential suppliers. For some high value products or services it may be worth considering inviting a shortlist of suppliers to make a presentation.
8. Take up references if appropriate and check that the supplier has Equality and Sustainability policies.
9. Award to supplier issuing appropriate contract checked by legal advisor.

Purchasing Procedure

- The Purchase Order Form should specify supplier details, a full description of goods required, unit price and vat, delivery address and contact. It should be approved by a more senior member of staff, or the Management Committee, or a Board Member
- Advance Shipment Notice should be received.
- Goods Receipt: appraisal and reports of goods should be carried out
- An invoice should be recorded;
- A Payment Approval Form should be signed by two members of the Project Committee and accompany payment to the supplier.
- If the Project Coordinator is making the purchase two other cheque signatories should sign the cheques. The cheque signatories should sign and date all invoices as seen.

Procedures for managing the debit card

Company debit cards may be used for the purchase of items online. The Procedure for making purchases, as above, should be followed. Debit Cards may be used only by the project coordinators. The monthly bank statement should be checked off with the receipts and signed off by the Management Committee.

Disposal of Surplus Goods

Items should be valued at their market price. Details should be circulated. The items may be transferred to another Project, or failing that, a similar organisation, or failing that, scrapped.

Reviewed 26/1/16

Next review 31/3/18

DIALOGUE FOR DIVERSITY

Purchasing Procedure

1. Objectives

All purchases of commodities and procurement of services should be undertaken in the manner most effective and advantageous to DFD. Specifically, this means:

- The need for the goods or service should be established
- The nature of the goods or service is specified before purchase.
- Consideration should be given to price, lead in time, cost in use, consequential costs and sustainability.

2. Authority to Purchase

The Project Coordinator are the appropriate authority to permit a purchase. S/he is also responsible for the maintenance of documentation. A requisition form should be used to request permission.

3. Selection of Suppliers

Two or three quotations should be elicited depending on the scale of expenditure.

4. Purchase Order Form

A purchase order form should specify:

- Supplier's name and address .
- Delivery address including name of person to whom reference can be made.
- Quantity or volume of goods required.
- Full and accurate description of goods required, including model number, colour and all technical details such as power supply, electrical loading, etc.
- Unit price of the goods and value added tax.
- In exceptional circumstances oral instructions may be given to a supplier. In all such cases a confirmation order must be raised within twenty-four hours of instructions being given. It must be clearly marked Confirmation Order.

6. Appraisal

The appraisal of equipment following purchase is important and reports should be prepared.

7. Paying Invoices

As under DFD Financial Procedures, October 2011, payments must be accompanied by a Payment Approval Form that is signed by two members of the Projects Committee.

8. Surplus Goods and Equipment

Where goods are deemed to be surplus to requirements, details should first be circulated. Such items may be transferred to another Project, at an agreed assessed value. If no interest is shown by other Projects, alternative arrangements for disposal should be made. These may include disposal to similar organisations. Items should be properly valued at their full market price and all arrangements carefully documented. If all attempts at disposal fail, the item should be scrapped.

9. Inventory Systems

Inventories of property should be kept and submitted for annual inspection.

10. Integrity and Personal Conduct

Any individual authorised to procure goods or services on behalf of DFD must ensure that he or she acts in a completely impartial manner and does not show favour to any supplier.

As a general rule, members of staff should not deal with companies with whom they have a financial or family connection. Members of staff will be asked regularly to declare any interests in any firms with whom they deal. Under no circumstances must any member of staff derive any direct personal financial benefit as a result of any purchasing arrangement which he or she has made.

The acceptance of gifts, hospitality or discounts may be accepted only where they have a low intrinsic value. In case of doubt the matter should be reported to the member of staff's immediate superior, and if appropriate the gift or hospitality should be returned or declined.

Any departure from these procedures will be regarded as serious misconduct which may lead to disciplinary action.

Travel Claim & Approval Form

Travel Claim & Approval Form

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Travel Claim & Approval Form

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Notes:

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DIALOGUE FOR DIVERSITY

CONFLICTS OF INTEREST

DEFINITION OF CONFLICTS OF INTEREST

A conflict of interest is any situation in which the personal interests of the committee members seem to conflict with those of the organisation which they govern. This personal interest can be direct or indirect, and it can include the interests of parties connected to the committee member. A direct interest would arise in the following example:

ABC charity wants to contract for catering services and one of the members of the governing body owns a catering company. This member gets the contract. This is a direct interest as the benefit to the committee member is a direct financial benefit.

An indirect interest in the above example would be if the member of the governing body did not own the company but had shares in it and stood to benefit indirectly from any profit made. Under company law a connected person includes the following:-

- Family members (including spouse or civil partner, anyone with whom the director lives as a partner in 'an enduring family relationship', children and step children (both the director's own and his partner's) and the director's parents.
- Corporate bodies to which the director is connected; committee members of a trust of which the director (or a family member or a body corporate with which he is connected) is a beneficiary.
- A director's business partner.

It is unlikely that conflicts of interest can be completely avoided but the conflict should be managed to avoid any adverse effect on the organisation and to promote maximum accountability and transparency in the organisation's affairs. Possible conflicts or perceived conflicts should be considered as well as actual conflicts as an organisation's name and reputation are very important.

THE LEGAL BACKGROUND TO CONFLICTS OF INTEREST

Members of the governing body of a charity are under a legal obligation to act in the best interests of the charity. It does not matter how the committee member is appointed, while they are on the governing body they have a duty to the organisation and this must take precedence. If this is unachievable or if the conflicts are so regular that the committee member's value to the organisation is significantly reduced, then they must resign from the post or cease the conflicting activity.

CONFLICTS OF INTERESTS POLICY

This policy applies to Dialogue for Diversity

Why we have a policy?

Management committee members have a legal obligation to act in the best interests of Dialogue for Diversity.

Conflicts of interest may arise where an individual's personal or family interests and/or loyalties to some other individual or group conflicts with those of Dialogue for Diversity. Such conflicts may create problems. They can

- Inhibit free discussion;
- Result in decisions or actions that are not in the interests of the group; and
- Risk the impression that the group has acted improperly

The purpose of this policy is to protect both Dialogue for Diversity and its management committee members from any appearance of impropriety.

What to do if you face a conflict of interest?

All conflicts of interest, whether actual or potential, should be declared promptly at the earliest convenience possible opportunity:

- Any management committee member who has a financial interest in a matter under discussion should declare the nature of their interest and withdraw from the room, unless they have dispensation to speak.
- If any management committee member has any interest in the matter under discussion, which creates a real danger of bias, that is, the interest affects the organisation which they represent, or a member of their household, more than the generality affected by the decision, they should declare the nature of the interest and withdraw from the room, unless they have dispensation to speak.
- If any management committee member has any other interest which does not create a real danger of bias, but which might reasonably cause others to think it could influence their decision, they should declare the nature of the interest, but remain in the room, participate in discussion, and vote if they wish.
- If a management committee member is in any doubt about the application of these rules, they should consult with the chairperson.
- If you fail to declare an interest that is known to the secretary or the chairperson the chairperson will declare that interest. It is recommended that management committee members' interests are listed in a register, an example of which is given below>

Sample of Register of Interests

Name of Member: _____

Description of Interest:-

Does the interest affect the committee member or a connected person to the committee member?

Is the interest current?

Dialogue for Diversity: Draft Code of Practice on Gifts and Hospitality

The giving and accepting of gifts and hospitality has an important role in facilitating business relationships and practice. A meal out with a supplier can help build a relationship; a pen with your firm's name on it can remind a customer of you when they need a quote.

When giving or accepting gifts and hospitality, organisations and their employees need to bear in mind:

- When is a gift appropriate or inappropriate?
- When is a gift a bribe? (i.e. given to influence your decision)

Dialogue for Diversity intends its practice to be in compliance with law and to follow best practice so as to preserve its reputation for integrity for the good of all stakeholders in the organisation.

Gifts and hospitality under the UK Bribery Act (2010)

The UK Bribery Act (2010) recognises that corporate gifts and hospitality play an important part in business, and provides guidance for organisations as to what is considered appropriate and what may be construed as a bribe when giving or accepting gifts/hospitality. For example, bribery may be disguised through frequent or 'lavish' gift giving/hospitality.

This act applies to UK companies doing business abroad where local custom may understand facilitating payments differently.

In October 2012 the SFO extended its guidance on gifts and hospitality to include "legitimate business expenditure". Whilst recognised as an inevitable and important part of doing business, the guidance warns that "bribes are sometimes disguised as legitimate business expenditure".

Under Section One of the Act, 'intent to induce improper conduct' is a test of whether or not gifts/hospitality can be interpreted as a bribe. Offers of gifts/hospitality must be made in 'good faith' and are not considered legitimate if the intention behind the offer is to advantage the individual making the offer; i.e. the offer is made with the intent that the person who accepts the gift/hospitality will perform a function improperly and partially.

Another test the Act applies is the principle of 'proportionality'. Gifts/hospitality are less likely to be construed as a bribe where they are proportionate to the nature, scale and complexity of an organisation's business activities (see more on proportionality below).

Ethical issues and Principles around giving or accepting gifts/hospitality

The acceptance of gifts, services and hospitality can leave the organisation vulnerable to accusations of unfairness, partiality or deceit, or even unlawful conduct. Client relationships may be subject to bias and the organisation's reputation for 'doing business ethically' will be put at risk.

When a gift is not a gift: One principle to consider is whether there is an expectation that the business relationship will be influenced. If so, this is a bribe, not a gift and is covered under Section One of the UK Bribery Act (2010) as ‘intent to induce improper conduct’. The timing of gifts/hospitality is also relevant. An offer shortly before or after, or during a tendering process for example, is inappropriate as it can be construed as a bribe, offered with the intention of ‘closing the deal’. It is not advisable to accept gifts/hospitality at any point in the time surrounding a tendering process or a contract renewal.

Who the gift is for: Giving gifts or hospitality to certain persons, for example public officials, can be more inappropriate than when given to others. Gifts, particularly monetary gifts, to public officials can be construed as a facilitation payment to speed up a normally legal service and is illegal under UK law anywhere in the world. Many companies prohibit gift giving/hospitality of any kind to public officials. Some may put additional controls in place, such as lowering the value limit on gifts/hospitality for public officials or requiring employees to obtain management approval, regardless of the value. Organisations, particularly those operating cross-culturally, may wish to provide specific guidance to employees to help identify public officials. In China for example, a significant proportion of companies are state-owned enterprises, and it can be difficult to clearly differentiate between public and private organisations.

Inappropriate scale (principle of proportionality): What constitutes a ‘lavish’ gift or hospitality? Some companies adopt a ‘no to all’ gifts/hospitality approach. Others put a monetary limit on the value of gifts/hospitality that can be given or accepted. It is worth noting that different monetary value limits may be set for gifts and for hospitality. Gifts/hospitality that is offered to an employee and is above the stated value will usually need line managers’ approval before the gifts/hospitality can be accepted. This can be difficult to judge. For example, the duties of senior staff may require them to attend or sponsor events where hospitality is generous. What may seem minor to a senior manager could be significantly more valuable to a junior employee. Stipulating different monetary values for different management levels can become complicated to justify. Also, the exact value

Company policy

Principles for what can and cannot be given or accepted of an event package, for example a trip to watch the tennis at Wimbledon, is hard to determine. The UK Bribery Act provides some guidance on how to judge whether a gift or hospitality is proportionate or not. In some companies, gifts that exceed the value limit but are impossible to decline without causing offence or putting business relationships at risk may be accepted on behalf of the organisation. Gifts of high value can then be auctioned at the end of the year to raise funds for charity, for instance.

Reciprocity: Another principle sometimes applied to determine what is an appropriate level of gift giving or hospitality is that of reciprocity, i.e. if I accept an offer, am I able to offer the equivalent in value in return? For example, “If my supplier offers me tickets to the theatre, would I be able to reciprocate?”. If the answer is “No”, then it may be seen as an attempt to ‘buy favour’ and it may be advisable not to accept.

Cash: Giving or accepting cash gifts is rarely appropriate. Being easier to conceal, there is more risk that it will be viewed as bribery than a fair business practice. In some cultures however, giving cash in certain circumstances is acceptable or may even be part of cultural tradition, such as the giving of red envelopes for Chinese New Year. The policy should advise staff on how to handle these cross-cultural challenges by establishing a protocol.

The policy should extend to all employees at all levels in the organisation. Additional guidance may be provided for employees working in 'high risk' business functions, such as procurement or sales.

Besides employees, corporate gifts and hospitality policies may need to provide guidance on the inclusion of employees' family members. For instance, a corporate invitation to a conference in the Bahamas may be legitimate for business reasons, but if spouses are invited and paid for, it may be misconstrued as a holiday. The key principle is that hospitality received has to have a clear business reason and not just be for the employee's or their family's personal enjoyment.

The Code of Practice

What constitutes 'gift giving' ?

ACRE Service is a not for profit organisation. As far as it can it provides its services free. Where there are grants, especially government grants, we provide free services. Any service that must be paid for should be clearly identified.

Information, advice, signposting, form filling are free services. Employees are paid above the minimum wage and contracted for specified hours. It would be construed as bribery if they were to elicit cash or gifts (shish, facilitating payments) to influence the timing, quality or extent of service sought.

What type of gift can and cannot be given or accepted?

Small token gifts: thank you cards; box of sweets; bottle of wine.

The financial value of gifts that can be given or accepted without disclosure?

Up to £15. But cash may not be accepted.

Gifts and Hospitality Register

Gifts and hospitality above the above amount should be refused or disclosed and recorded in a register.

How employees can refuse gifts or hospitality without causing offence

Refer to company policy.

How staff can seek further guidance

Discuss with any member of the Project Committee.

The Spirit of the Policy and Adapting to Cultural Differences

ACRE may need to adapt its policy on gifts and hospitality in relation to some ethnic groups so it is aligned with their cultural beliefs and practice. We need some standards and forms of

response to deal with this. However, it is important not to contravene the 'spirit' of the policy when accommodating cross-cultural differences.

Giving Financial Help

ACRE is not in the business of giving financial handouts, and does not have a budget for that. People in need should be referred to Vincent de Paul or The Foodbank. Id be referred to Vincent de Paul or The Foodbank.

Discretion

This code applies to staff working on the premises and on the business for which they are contracted. The company is not responsible for interactions in the personal lives of their staff and clients, and does not authorise the conduct of personal business in its offices. Small interactions such as a phone call or quick visit is tolerable.

COMPLAINTS PROCEDURE

Complaints about service should first be dealt with informally, between the client and service worker if possible. This can resolve an injustice effectively with fewer undesirable knock on effects for all concerned. In the first instance the complainant should ask the person responsible to stop the unacceptable behaviour. If this does not resolve the situation s/he may make a complaint using the formal mechanism outlined below.

Formal Procedure

A formal complaint should be lodged in writing with the project coordinator.

Details in writing of the allegations made will be presented to the employee(s) concerned. He or she will be given an opportunity to respond verbally and in writing to the allegations made against them. They will be given the opportunity of being represented. Where relevant, witnesses will be spoken to as part of the investigation.

Complaints will be dealt with promptly and in confidence. All parties involved will be given fair and impartial hearing. Parties will be kept informed of progress during the investigation.

Action

Where a complaint is upheld, then appropriate corrective action from informing up to and including dismissal, will be taken.

The project coordinator will follow up with regular checks to ensure that offending behaviour has stopped and that there has been no victimisation. Retaliation against a client for complaining about unfair treatment is a disciplinary offence.

Where the investigator believes that a complaint has been brought for malicious or vexatious reasons the complainant will be so informed.

Brian Lennon
8th December 2020.

STAFF HANDBOOK

3.0 Fair Employment Policy

EQUAL OPPORTUNITIES

Dialogue for Diversity (DfD) is committed to providing equal opportunities for all its employees and seeks to develop all employees so that they can contribute to the best of their ability to the Company. The Company undertakes to treat all employees and job applicants fairly and to guard against discrimination on grounds of gender, marital status, family status, sexual orientation, religious belief, age, disability, race or membership of any particular community.

The Company will ensure that all employment practices are operated on the basis of the relevant qualifications, merits, abilities and potential of individuals.

3.1 RECRUITMENT AND SELECTION

The Company is committed to the recruitment, selection and retention of high quality staff to the organisation that in turn, will provide the best quality of support for the Company to achieve its objectives.

Appointments are made subject to candidates possessing the prescribed qualifications for the post and suitability for discharging the responsibilities of the post. Permanent appointments are subject to the receipt of satisfactory references and medical examination.

3.2 CONTRACT OF EMPLOYMENT

Prior to employment, candidates are required to sign a contract of employment, which sets out the terms and conditions under which they will be employed. The contract, together with the provisions contained within this Handbook, form the employment conditions pertaining to employment with the Company.

3.3 TERMS OF EMPLOYMENT

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Employers should provide employees with a written statement of certain terms of their employment. Provided the necessary information is included in the contract, furnishing an employee with one copy of the contract of employment will suffice for the purposes of this Act. The written statement must include the following particulars of the employee's terms of employment: -

- Name and Address of Employer
- Place of Work
- Job Title / Nature of Work
- Date of Commencement of Employment
- Nature of the Contract i.e. temporary or fixed term
- Pay and Pay Intervals
- Hours of Work
- Paid Leave
- Any terms of relating to incapacity for work due to sickness or injury
- Pensions and Pension Schemes
- Notice Entitlements
- Collective Agreements

The employer may alternatively use the statement to refer the employee to certain other documents containing those particulars marked with an asterix provided that the document is reasonably accessible to the employee.

An employer is also required to notify an employee of any changes to the particulars contained in the written statement within one month after the changes take effect.

3.4 PROBATION PERIOD

All new employees are obliged to serve a probationary period of not less than three months which may be extended at the discretion of the CEO. Regular monitoring in relation to the employee's work performance, conduct and attendance record will take place during the course of the probationary period.

3.5 RESIGNATIONS

Permanent staff are required to give at least one month's notice, in writing, of their intention to resign or as required by legislation. However, statutory requirements for minimum notice of termination of employment may be waived by mutual consent.

3.6 MINIMUM NOTICE

The Minimum Notice must be given to employees upon termination of employment. In accordance with employment legislation the length of notice required is determined by the length of time the employee has spent in the service of the employer. All employees in continuous service with the Company for at least thirteen weeks and who are normally expected to work at least 8 hours per week are covered by the Acts.

Length of Service

Minimum Notice

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Thirteen weeks to less than two years
Two years to less than five years
Five years to less than ten years

One week
Two weeks
Four weeks

These notice periods are minimum periods only and the employee's contract of employment may provide for a greater notice period than that allowed under the Act. The Act also provides that employers are entitled to at least one week's notice from employees who have been employed by them for thirteen weeks or more.

These minimum notice periods do not apply in cases where an employee is dismissed by reason of misconduct, in which case the employer is not required to comply with these notice requirements.

The Act does not prevent an employer and employee agreeing to waive their right to such minimum notice or accepting payment in lieu of such notice.

4.0 CODES OF CONDUCT AND RELATED POLICIES AND PROCEDURES.

4.1 CONFIDENTIALITY

In performing one's duties at work an employee may have occasional, regular or on-going access to information pertaining to confidential Company activities and/or colleagues. The Company expects each employee to observe the highest standards of work and personal ethics in their handling of such information and seeks to protect the confidentiality of information at all times. Confidentiality of Company details and any other information obtained must not be divulged outside the workplace under any circumstances. A breach of confidentiality is an offence and will be dealt with under the disciplinary procedures.

4.2 HOURS OF WORK / ATTENDANCE RECORD

The hours of work vary according to the position held and are set out in the conditions of employment for each staff category. Staff are expected to report for duty at the normal starting time and not to leave before the contractual finishing time.

4.3 TIME IN LIEU /OVERTIME ARRANGEMENTS

Due to the nature of the business, employees will be required to work outside of normal office hours as the needs of the business demand. Please note that employees will be asked to record all hours worked.

Requests for annual leave must be sent to the CEO for approval in the normal way.

4.4 DRESS CODE

Employees should be aware that their appearance impacts on the perception of people they come into contact with and are therefore expected to dress in a reasonable manner and to avoid extremes.

4.5 BEHAVIOUR

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It is important that all staff should behave professionally in dealing with clients and other stakeholders.

4.6 DIGNITY AND RESPECT

The Company is committed to recognizing and acknowledging the dignity of its employees, irrespective of their sex, racial or ethnic background, sexual orientation, disability status or age.

It is the objective of the Company to promote a positive and productive work environment which respects the dignity of all employees and which is free from conduct, which is abusive, intimidating, offensive or otherwise inconsistent with this objective. An attitude and atmosphere of mutual respect, co-operation and consideration fosters the best work environment.

Harassment constitutes any form of unwanted conduct related to any of the nine discriminatory grounds, being conduct which has the purpose or effect of violating a person's dignity and creating an intimidating, hostile, degrading, humiliating or offensive environment. Such conduct may include spoken words or gestures or the production, display or circulation of written words, pictures, or other material, if the action or conduct is unwelcome to the employee and is deemed to be offensive, humiliating or intimidating.

Harassment takes many forms, occurs on a variety of ground(s) e.g. gender, age, race, religion, disability but also, family status, sexual orientation, marital status and membership of the traveling community and may be directed at one or more persons. The following are general examples of harassing behavior:

- Physical contact ranging from unnecessary touching to serious assault
- Verbal or written harassment through jokes, innuendo, offensive language, gossip or slander
- Intimidation
- Display of offensive posters or graffiti
- Isolation/marginalisation of colleagues or non co-operation at work
- Persistent requests for sexual favours
- Offensive comments

It is the effect of the treatment on the harassed individual, and not the intent of the alleged perpetrator, that must be considered in determining whether or not the treatment constitutes harassment, sexual harassment or bullying.

Bullying may be direct or indirect and while incidences of bullying may seem similar to harassment, bullying is not based on any of the nine grounds which are included in the Equality Acts. Bullying can be defined as repeated aggression, verbal, psychological or physical, conducted by an individual or group against others. Bullying can be classified into five major categories:

- Manipulation of the victim's reputation by rumour, gossip and ridicule
- Preventing the victim from speaking by making loud-voiced criticisms or obscenities
- Social exclusion or isolation
- Manipulating the nature of the work or the ability of the victim to perform the work e.g. by overloading, withholding information or setting meaningless tasks
- Physical abuse or threats of abuse.

4.7 HARRASSMENT AND BULLYING COMPLAINTS PROCEDURE

4.7.1 INFORMAL PROCEDURE

It is usually preferable for all concerned that complaints of harassment or bullying are dealt with informally, whenever possible. This is likely to produce speedy effective solutions and to minimise conflict, embarrassment and the risk of breaching confidentiality.

- In the first instance therefore, an employee who believes she/he is being harassed or bullied should ask the person responsible to stop the unacceptable behaviour. The complainant may seek the support of a fellow employee.
- If the harassment or bullying does not cease, or where a serious incident has arisen, or where the employee feels that they cannot handle the matter through informal channels, then s/he should make a complaint using the formal mechanism outlined below.

4.7.2 FORMAL PROCEDURE

A formal complaint should be lodged in writing with a member of the project coordinator. It is the right of the complainant to be accompanied by a fellow employee or representative of their choice at any meeting.

Details in writing of the allegations made will be presented to the employee(s) alleged to have harassed or bullied the complainant who in turn, will be given an opportunity to respond verbally and in writing to the allegations made against them, and will be given the opportunity of being represented.

Where relevant, witnesses will be spoken to as part of the investigation.

Complaints will be dealt with promptly and in confidence. All parties involved will be given fair and impartial hearing. Parties will be kept informed of progress during the investigation.

4.7.3 ACTION

Where a complaint of harassment or bullying is upheld, then appropriate disciplinary action up to and including dismissal, will be taken against the harasser or bully.

- The project coordinator will follow up with regular checks to ensure that the harassment or bullying has stopped and that there has been no victimisation. Retaliation against an employee for complaining about harassment or bullying at work is a disciplinary offence.
- Where the investigator believes that a complaint has been brought for malicious or vexatious reasons then appropriate disciplinary action will be taken against the person making the complaint.

4.8 VIOLENCE AND AGGRESSION IN THE WORKPLACE

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The Company is committed to providing a safe environment for both staff and visitors alike. The Company adopts the principle that **any form of violence or aggression in the workplace is unacceptable.**

Violence can be defined as any incident in which an employee is abused, threatened or assaulted in circumstances arising out of the course of their employment. Violence takes many forms, verbal abuse, threat of assault and actual assault. Aggression can be defined as any form of behaviour intended to harm or hurt someone in a socially unacceptable way.

Procedures

It is in the interest of every staff member to prevent violent or aggressive behaviour wherever possible. It follows that if an incident does occur, each employee must take appropriate action to contain the incident in order to reduce the risk of harm or injury to any other person. Staff are not expected to subject themselves to any unnecessary risks and are not expected to cope alone with potentially violent situations.

All staff must take the threat of violence seriously. It is essential that all incidents of violent, aggressive or threatening behaviour towards staff are reported. Staff should feel confident that action will be taken on their behalf. No one should stay silent out of fear of reprisal or misplaced sense of guilt. Employees must document and report all incidents to the CEO.

Management of people exhibiting violent/aggressive behaviour

- Experience shows that most violence is minor and in the majority of cases, skilled action can resolve the incident quickly and satisfactorily without serious confrontation or restraint being necessary.
- If restraint is necessary, help must be summoned immediately and the situation treated as an emergency. It is important that the staff member on the scene notifies other staff should a person show signs of potential violence.
- Identify triggers of violent/aggressive behaviour and eliminate as many as possible of these triggers.
- Diffuse the situation as much as possible.

Recognition of Potential Violence

- Violent behaviour cannot always be prevented, as sometimes it is impulsive. However, it is possible to recognize someone who may be potentially violent and what situations are likely to precipitate such violence. It follows therefore that most incidents of violent/aggressive behaviour should not take staff by surprise and by being aware of the conditions as set out below, the situation can be defused.

Some factors, which may indicate that violence might occur, include:

1. Noisy abusive or impulsive behaviour
2. Appear to be having disturbed relationships
3. Appear to be deluded or hallucinated.
4. Rapid breathing, clenched fists, loud talking, restlessness or pacing
5. Facial expression – tense and angry, discontented
6. Verbal threats or gestures
7. Colleagues reporting angry or violent feelings

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- Knowledge and understanding of a particular person may reveal signs of impending violence, e.g. in the person's face, gestures or conversation.
- It may be known that the person has a history of violent or aggressive behaviour.
- Staff may be aware of emotional instability, anxiety, frustration or hostile feeling in a person.

Summoning Assistance

- Always call for assistance.
- Ask other staff to summon help.
- It should never be assumed that people will automatically give assistance. They should be asked to help, as they may not be aware of the need for help.
- The Project Coordinator will be responsible for contacting the PSNI when necessary. In cases of violent behaviour, the PSNI should be contacted immediately.
- The Project Coordinator will arrange for additional help to safeguard other people – where reasonably practical

Complaints & Action Procedures

- A formal complaint should be lodged in writing to the Project Coordinator.
- It is the right of the complainant to be accompanied by a fellow employee or representative of their choice at any meeting with the Project Coordinator.
- Details in writing of the allegations made will be presented to employee(s) alleged to have been violent or aggressive towards the complainant who in turn, will be given an opportunity to respond verbally and in writing to the allegations made against them and will be given the opportunity of being represented.
- Complaints will be dealt with promptly and in confidence. All parties involved must be given fair and impartial hearing.
- Parties will be kept informed of progress during investigation.
- Where a complaint of aggression or violence is upheld, then appropriate disciplinary action up to and including dismissal, will be taken against the employee.

Follow up Management

- Any injured person, however slight the injury, should receive medical attention
- Clear up the area where incident occurred to eliminate potential hazards
- Following the incident ensure to complete Incident Report Form (**Appendix 4**)
- Participants or witnesses should write and forward Statements of incident to the CEO.
- If considered necessary the CEO will arrange a meeting of all concerned.

4.9 DISCIPLINARY PROCEDURE

The following disciplinary procedure will be used to deal with all breaches of Company rules and standards, except where the offences or transgressions constitute gross misconduct.

The primary aim of this procedure is to help employees whose conduct or performance falls below Company requirements, to achieve the necessary improvement. This contributes both to the Company's success and to the fair treatment of employees. It is Company policy to apply this procedure as reasonably as possible and to ensure consistency and order in its application. The procedure will apply to all breaches of Company rules or standards not constituting gross misconduct, including but **not limited to** the following:

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- Bad timekeeping
- Poor attendance
- Unauthorised absence
- Lack of co-operation
- Unacceptable work performance

Disciplinary procedure

- In the first instance, the employee concerned will be asked to attend a counselling interview with the Project Coordinator, where their transgressions will be made clear, the standard of performance required outlined, and the employee **verbally** reprimanded.
- In the second instance, the employee will receive a **written warning** at a formal meeting with the Project Coordinator and a member of Management Committee, where details of the misdemeanor and the consequences of further offences will be explained.
- In the third instance, the employee will receive a **final written warning** at a meeting with the Project Coordinator and the Chairperson, where the employee will be informed of the details of the offence and future performance standards required and informed that further offences will lead to suspension or dismissal.
- In the last instance, the employee will either be suspended without pay or dismissed (depending on the offence), notice of which will be given to the employee at a meeting with the CEO and the President, where the offence will be explained both verbally and in writing and the employee advised of their right of appeal.

Gross Misconduct

Gross misconduct is conduct of such a serious nature that the Company could not tolerate keeping the employee in employment. It is hoped that such instances will not occur. However, for the mutual protection of the Company and its employees, any employee found guilty of gross misconduct will be dismissed summarily.

Examples of gross misconduct include:

- Violation of a criminal law (parking offences are not considered to be included in those offences which might be considered gross misconduct)
- Extracting corrupt payments from clients.
- Consumption or possession of alcohol or illegal drugs
- Financial misappropriation
- Acts or threats of physical violence
- Theft from another employee or from the Company
- Malicious damage to Company property
- Falsifying Company records
- Bullying, harassment and sexual harassment of another in the workplace amount to gross misconduct

Before any action is taken, the Company will thoroughly investigate the case, during which time the employee will be suspended. After such investigation, the employee will attend a meeting with the Company officers, where they will have an opportunity to state their case and be advised of their right of appeal. Should the

Company still feel the employee was guilty of gross misconduct, they will be dismissed and given a letter explaining the nature of the offence and the reasons for their dismissal.

In the unhappy event of our having to consider dismissing the employee the following procedures shall apply:

1. The employee shall be given details of the allegations giving rise to disciplinary procedures being considered.
2. The employee shall be asked to respond in writing to all allegations.
3. We shall consider such a response and if the response is not found adequate will invite the employee to attend a meeting to show cause why dismissal should not take place. The employee will be entitled to be represented at such a meeting by a colleague or a representative as the employee sees fit.
4. We shall consider all allegations and responses fairly and will only make a decision after having fully considered any evidence the employee might give or representations made on the employee's behalf.
5. Any decision to dismiss will be communicated in writing as soon as practicable.
6. We will reserve our right to suspend the employee with or without pay during the course of any investigation and to impose a lesser sanction than dismissal if it is deemed merited. Such decision could involve demotion, the non-payment of a bonus, transfer or suspension for a period of time not exceeding [4] weeks.

4.10 GRIEVANCE PROCEDURE

4.11 HEALTH, SAFETY AND WELFARE AT WORK

It is the policy of the Company to ensure so far as is reasonably practicable, the safety, health and welfare at work of all employees through the provision and maintenance of a safe place of work, safe plant and machinery and safe systems of work. The Company also aims to ensure the safety and health of persons who come into contact with the Company's work activities.

Employees are responsible to ensure that they follow all advice given in respect of working in a safe environment. Staff should be aware of, and adhere to, all policies and procedures formulated to protect them and their visitors. Please refer to the Safety Statement **and which the Project Manager has provided you with and in respect of which you will be asked to sign a copy.**

Any or all accidents/incidents should be noted on the Accident Report Form (**appendix 3**).

4.12 FIRE PREVENTION

All employees have a responsibility for the prevention and prompt extinction of fires. Each employee must acquaint themselves with the location of fire exits, fire appliances, extinguishers, means of raising alarms and assembly points in relation to their place of duty. Staff are obliged to attend a Fire Lecture and Drill once a year.

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If the employee discovers a fire

- Operate the nearest fire alarm call point immediately
- Attack the fire with a suitable extinguisher if it is safe to do so

If the fire alarm sounds

- Leave the building immediately
- Do not stop to collect personal belongings
- Do not use a lift
- Close all doors behind you
- Report to the employee's assembly point
- Do not re-enter the building until instructed to do so

To call the fire brigade

- Dial 112
 - Ask the operator for the fire brigade
 - When the brigade answer
 - Give the following details
 - The employee's name, address and telephone number
 - Give location of fire
- Do not hang up until the details have been repeated

PERSONAL POSSESSIONS

All personal property is the responsibility of the employee. The Company does not accept responsibility for the loss or damage to any personal possessions and/or valuables (including cash), which may be brought or kept on site.

NOTIFICATION OF CHANGE OF PERSONAL DETAILS

Each staff member is obliged, on taking up appointment in the Company, to furnish his/her current postal address to which all correspondence from the Company is addressed. In order to keep our records up to date, staff must notify their Supervisor of any change of name, address, marital status, telephone number or bank details.

4.12 NO SMOKING POLICY

It is the right of every Company employee to work in a smoke-free atmosphere. Smoking is prohibited in all areas. It is an offence to smoke tobacco in a public place or place of work.

4.13 EMAIL and INTERNET

It is a condition of employment that staff comply with the DfD policy, the key elements of which are set out below (see Appendix 7 for full text of policy):

Each member of staff will be issued with their own email account for the purposes of conducting Company business. Employees shall not disclose their codes or passwords to others and may not use someone else's code or password without written authorization from the Company. All information and messages created, received and stored on the Company's email system are the sole property of the Company and thus, the

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Company reserves the right to access and disclose the contents without prior notice to the originators and recipients of such emails.

Internet connections are intended for activities which support Company business or the professional development of employees. Web surfing, which is unrelated to Company activities, is strictly forbidden.

Company email and Internet accounts are **not** to be used for one's own personal correspondence/amusement during Company working hours. Abuse of this rule is subject to disciplinary procedure.

2.14 TELEPHONES

Personal telephone calls should be limited to cases of necessity.

4.16 TRADE UNION / STAFF ASSOCIATIONS

The Company recognises the right of staff to join or not to join an association or trade union. The Company does not however, have any collective agreements.

4.17 JURY SERVICE

An employee should notify their supervisor immediately upon being summoned for jury service. If the employee has a right of excusal from jury service, they should clarify to their supervisor whether it is their intention to apply to be excused so that arrangements can be made to avoid any interruption of services. The employee must return to work when not required for jury service during office hours.

SECTION 5: LEAVE ENTITLEMENTS

5. LEAVE

5.1 Annual Leave

Each employee is advised on appointment of his/her annual leave entitlement. Annual leave and public holiday entitlements are granted in accordance with the terms of the relevant legislation.

The Company's annual leave year for all staff extends from the first day of employment for a period of twelve months. Application for Annual Leave should be made at least two weeks in advance. The appropriate form must be completed and forwarded to the supervisor to record.

The approval to take annual leave is given subject to the exigencies of the Project workload, and is at the discretion of the Project Manager. The employer determines the exact timing of the annual leave, but must consult the employee to make him or her aware of the matter.

The Company does not encourage the carry forward of annual leave. Leave not taken within the leave year will normally be forfeit. In extenuating circumstances, e.g. long-term sick leave, service requirement etc, approval

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may be granted to carry forward annual leave. In such circumstances a maximum of 5 days only may be carried over to the following year by special arrangement with the Chairperson and Honorary Secretary.

In the case of the termination of employment any advance payment of holiday pay will be deducted from your final pay.

Public Holidays

The Act also provides that an employee is entitled to a paid day off on the following public holidays: -

- 1st January
- St. Patrick's Day
- Good Friday
- Easter Monday
- May Day Bank Holiday
- Spring
- Queen's Birthday, June 5th
- 12th July
- Summer Bank Holiday, Last Sunday of August
- Christmas Day
- St. Stephen's Day

Study and Examination Leave Policy

ELIGIBILITY

These regulations apply to staff with more than one year's service.

ENTITLEMENTS

Study and examination leave will apply only to courses which are directly related to the work and development to the member of staff within the Company. The course must be approved, in advance by the Chairperson.

Depending on the nature of the course and the degree of relevance up to 4 days study leave per annum may be granted.

PROCEDURE

Notification of examination dates must be notified to the CEO as soon as possible. Proposed dates for study leave should be notified as soon as possible. The timing of leave is at the discretion of the Company.

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5.2 SICK LEAVE

Taking sick leave:

Employees need a fit note from a doctor after 7 days in a row (including non-working days) off work sick. If they are ill just before or during their holiday, they can take it as sick leave instead.

The employee will fill in a form on return to work (www.gov.uk/government/publications/statutory-sick-pay-employees-statement-of-sickness-sc2) to confirm that they have been off sick for up to 7 days i.e. self-certification.

Overview

You can get [£88.45](#) per week Statutory Sick Pay (SSP) if you're too ill to work. It's paid by your employer for up to 28 weeks.

You need to [qualify](#) for SSP and have been off work sick for 4 or more days in a row (including non-working days).

You can't get less than the statutory amount. You can get more if your company has a sick pay scheme (or 'occupational scheme') - check your employment contract.

How you're paid

SSP is paid by your employer in the same way as your normal wages, eg weekly or monthly.

Tax and National Insurance will be deducted.

If you don't think you're getting the right amount of SSP, talk to your employer. If you're still not happy, contact the HM Revenue and Customs (HMRC) employees' enquiry line.

HMRC employees' enquiry line

Telephone: 0300 200 3500

Textphone: 0300 200 3519

Monday to Friday, 8am to 5pm

Eligibility

To qualify for Statutory Sick Pay (SSP) you must:

- have been ill for at least 4 days in a row (including non-working days)
- earn at least £112 (before tax) per week
- tell your employer you're sick within 3 days

How to claim

To claim Statutory Sick Pay (SSP), tell your employer in writing (if they request it) and by their deadline (or within 7 days if they don't have one).

You only need a doctor's '[fit note](#)' (or sick note) if you're off sick for more than 7 days.

Linked Periods of Sickness

To be linked, periods of sickness must:

- qualify for SSP by lasting 4 or more days each
- be 8 weeks or less apart

5.3 COMPASSIONATE LEAVE

Special leave with full pay, up to a maximum of 3 working days, may be allowed on the death of an immediate relative. On the death of a spouse, this is extended to 5 working days.

Compassionate leave days should be taken consecutively and are exclusive of public holidays and annual leave.

5.4 MATERNITY LEAVE

All female employees are covered by the relevant legislation. The statutory period of leave allowed for maternity leave is for 26 consecutive weeks. Written notification of maternity leave must be given to the Company. **There is no legal obligation for an employer to pay an employee on maternity leave.** However, when an employee has paid thirty-nine weeks PRSI contributions in the 12 months immediately preceding the taking of maternity leave she is entitled to receive social welfare payments.

Notification Requirements

The employee must notify her employer at least fifteen weeks prior to the commencement of maternity leave, of her intention to take maternity leave (**appendix 5**). The employee must also produce a medical certificate confirming pregnancy and the expected week of confinement.

Additional Maternity Leave

An employee may take an additional 16 weeks leave at the end of maternity leave subject to notification to the employer of the intention to take such additional leave not later than four weeks before her expected return date.

Time-Off for Medical Appointments

An employee is entitled to paid time-off during normal working hours for pre and post-natal medical check-ups. The employee must give the employer two weeks' notice in writing of the appointment with an exception arising in cases of urgent appointments.

Right to Return to Work

There is a general right to return to the same job for employees who have been absent on maternity leave. However, the employee must notify her employer of her return in writing four weeks before the date on which she expects to return to work.

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5.5 ADOPTIVE LEAVE

All members of staff who qualify under the terms of the Adoptive Leave Act 1995 and Extension of Periods of Leave Order 2004 will be granted Adoptive Leave.

Legislation governing Adoptive Leave does not confer any rights to payment during Adoptive Leave. However the Company has approved the following regulations, which deal with the question of payment during Adoptive leave.

Adoptive leave will be available to all adopting mothers and sole male adopters employed under a contract of employment.

Adoptive leave will consist of 16 consecutive weeks leave with pay.

Staff granted adoptive leave must claim and remit to the Company such Social Welfare Adoptive Benefit as they are entitled to receive. Eligible staff who are not entitled to Social Welfare Benefit will not as a result lose entitlement to full pay during Adoptive Leave.

Adoptive leave will commence as soon as the child is placed with the employee for adoption.

A staff member who intends to take adoptive leave must give adequate notice in writing to the CEO or Honorary Secretary. The minimum advance notice of such intention is four weeks before the expected placement of the child. The expected day of placement may be given later where that is not possible. However written notification must be given not later than the proposed date of commencement of the leave.

Additional Unpaid Adoptive Leave

In addition, the adopting parent may elect to take up to eight weeks additional adoptive leave without pay. There is no entitlement to Social Welfare adoptive benefit during additional adoptive leave.

In the case of a foreign adoption, some or all of the additional adoptive leave may, at the discretion of the college, be granted before the date of placement.

Staff members must apply for adoptive leave in writing at least four weeks before the commencement of additional adoptive leave.

Pre and Post Adoption Visits by Social Workers

A member of staff will be entitled to paid time off for pre-adoption and post-adoption visits by social workers and/or health board officials. Evidence of the appointments will be required. This right is subject to the employee applying for such leave at least two weeks in advance of any such appointment.

Return to Work

Staff members must notify the Registrar in writing at least four weeks before they are due to return to work from Adoptive Leave of Additional Adoptive Leave.

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5.6 PARENTAL LEAVE

The purpose of the Parental Leave Policy is to provide a policy in accordance with statutory requirements to allow eligible employees to take time off to care for their children. This policy entitles qualifying employees to take 14 weeks-unpaid leave to enable him/her to take care of his/her child.

Qualifying Conditions

- An employee must have one year's continuous service before he/she is entitled to take parental leave. However, if an employee has more than three months' service, and where the child is approaching the age threshold, he/she will be entitled to one week's parental leave for every month of continuous employment completed.
- The leave must be taken before the child reaches five years of age.
- In the case of an adopted child, who is under three years at the time of the adoption, the leave must be taken before the child reaches five years of age. If the child is aged between three and eight years, at the time of the adoption, the leave must be taken within two years of the adoption order.
- Each parent has a separate entitlement to parental leave from his or her job, which cannot be transferred between parents.
- Where a parent has more than one child, they may not take more than 14 weeks' parental leave in any 12-month period, except in the case of multiple births.

Payments and Benefits

- An employee who is absent on parental leave will be treated as if he/she had not been absent, retaining all employment rights, except the right to remuneration and superannuation benefits.
- Where an employee retains an entitlement to public holidays which fall during a period of parental leave. These will be added on to the end of the period of leave.
- Annual leave continues to be accrued during an absence on parental leave.
- An employee is entitled to be reinstated in the same job, or an equivalent job, on his/her return, under terms and conditions no less favourable than those of the employee's present contract of employment.

Manner in which Leave can be taken

Parental leave may be taken as a continuous block of 14 weeks*.

*Note: Parental Leave may be broken up, into weeks, days or hours, over a period of time with the agreement of the Project Manager.

Abuse of Leave

Parental Leave is granted solely for the purpose of taking care of the child concerned. This leave may be terminated if it is not used for this purpose, and an employee may be subject to serious disciplinary action, up to and including dismissal.

5.7 FORCE MAJEURE LEAVE

An employee is entitled to leave with pay – known as “*force majeure* leave” – where owing to an injury or to an illness of a family member, the immediate presence of the employee is required at the place where the family member is.

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Force Majeure leave may be granted in respect of the following persons:-

- (a) A person of whom the employee is the parent or adoptive parent;
- (b) The spouse of the employee or a person with whom the employee is living as husband or wife;
- (c) A person to whom the employee is in loco parentis (guardian foster parent)
- (d) A brother or sister of the employee
- (e) A parent or guardian of the employee
- (f) A grandparent of the employee

Entitlement

Force Majeure leave may consist of one or more working days. The maximum *force majeure* leave that may be availed of is **3 days in 12 consecutive months and no more than 5 days in 36 consecutive months.**

Where an employee is absent from work for only part of the day, this should still be counted as one day of *force majeure* leave.

APPENDIX 1

ANNUAL LEAVE ENTITLEMENT.

HOLIDAY ENTITLEMENT

Grades 1 &2

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APPENDIX 2

ACCIDENT REPORT FORM

SECTION 1 - COMPLETE FOR ALL INCIDENTS

Date of Incident Time of Incident

Where did it happen?

Who was it reported to? NAME
Position

Date Reported Time Reported

If delay in reporting state reason

This report relates to (please tick **ALL** boxes which apply)

TYPE OF INCIDENT

INJURED PERSON

1. DEATH

1. STAFF

2. MAJOR INJURY

2. OTHER VISITOR
(please specify below)

3. OTHER INJURY

4. NEAR MISS

ACCIDENT REPORT FORM

SECTION 2 - COMPLETE FOR ALL INCIDENTS - DETAILS OF INJURED PERSON

Mr/Mrs/Ms Initials Surname Male/Female

Address

.....

Occupation Age

TYPE OF INJURY (e.g. bruising/fracture/none) AND TO WHICH PART(S) OF THE BODY?

.....

WAS PERSON TAKEN TO HOSPITAL? YES / NO

IF YES, WHICH ONE

WITNESSES TO THE INCIDENT

(Names and addresses)

SECTION 3 - IN ADDITION, COMPLETE FOR ALL INCIDENTS CONCERNING STAFF

Employees PPS Number

Employee Number

Date of joining College

No. of hours worked per week

Was the employee:

a) Authorised to be in that place at the time of the accident? YES / NO

b) Authorised to be involved in the activity being carried out? YES / NO

c) Able to complete his/her shift YES / NO

d) Likely to be absent from work as a result of the accident? YES / NO

e) Wearing protective clothing? YES / NO / NOT APPLICABLE

ACCIDENT REPORT FORM

SECTION 4 - COMPLETE FOR ALL INCIDENTS

Please describe what happened and why. Attach a sketch of the location and note corrective action taken (if any required). Continue on a separate sheet if necessary.

DESCRIPTION.....
.....
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SECTION 5 - FOR ALL INCIDENTS - PERSON COMPLETING FORM

Signed Position Date

APPENDIX 3

INCIDENT REPORT FORM

Employee: _____ Job Title: _____
Dept. _____

Date of incident: _____ Time: _____
Location of incident _____

Date incident reported: _____

Incident reported to: _____

Assailant's Name: _____

Address: _____

Approx Age: _____

Sex: _____

What actually happened leading up to and during the incident?

Probable motive or cause for the attack:

Name of witnesses: _____

Victims Signature: _____ Date: _____

Office Manager Signature: _____ Date: _____

Outcome of incident:

Effect on victim (e.g. injury, time off work, psychological effects)

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Damage to personal property

Damage to College property

Details of follow-up action taken and aftercare

Police
Legal action
College treatment
Counseling
Specialist care
Victim support
Office Manager
Chairperson/Honorary Secretary
Project Manager/Management Committee

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APPENDIX 4

MATERNITY LEAVE APPLICATION FORM

To be completed by the employee, and submitted to the CEO.

Name of employee: _____

Position: _____

Dates of Maternity Leave (26 weeks)

From: _____ To: _____

Additional Leave (Maximum of 16 weeks)

From: _____ To: _____

Please attach a Medical Certificate to confirm your pregnancy.

Signed: _____ Date: _____

Note: This form must be given to the CEO at least four weeks prior to the proposed date of commencement of leave.

Signed: _____ Date: _____
CEO

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APPENDIX 5: ICT POLICY

INTRODUCTION

Electronic mail enables members of DfD to communicate promptly and efficiently with colleagues internally and externally. While E-mail brings many benefits it also brings risks. It also brings risks where employees also have more general access to the internet. For that reason it is necessary to have a code of practice which regulates its use and which sets down its specific rules for the use of e-mail and the internet. Every employee has a responsibility to maintain the Company's image, to use these electronic means in a productive manner and to avoid placing the Company at risk for legal liability based on their use.

1. NETWORK ACCESS

1.1 User Identification and Passwords

- Each user is allocated an individual user name and password. Logon passwords must not be written down or disclosed to another individual. The owner of a particular user name will be held responsible for all actions performed using this user name.
- Requests for new computer accounts and for the termination of existing computer accounts must be formally authorized by the Project Manager.
- The Project Manager must be informed of changes that might affect security. An example of this would be an individual who has access to restricted confidential client information and moves to another role where this access is not required.
- All user accounts should have passwords that:
 - have a minimum length of 6 characters;
 - have a combination of alpha and numeric or punctuation characters;
 - are changed regularly;
- Users cannot repeat passwords;
- Passwords must not be easily guessed (i.e. names, months of the year, days of the week, usernames, etc. must not be used as passwords).

1.2 Access to DfD Information

- Information, emails, file systems and databases that belong to the work of DfD are not the private property of staff members
- Although it is not the general practice of DfD to monitor stored files, email messages and Internet access for their general content, DfD reserves the right to do so for the protection of staff, for system performance, maintenance, auditing, security or investigative functions (including evidence of unlawful activity or breaches to DfD policy) and to protect itself from potential corporate liability.
- Requests to access the computer account of a member of staff who is absent from the office must be directed to the Project Manager.
- Staff must not issue any information to third parties unless they have authorisation to do so.
- Users are only permitted to access electronic information and data that they require to perform their duties.

- If confidential information is lost, either through loss of a LAPTOP computer, backup media or other security breach a member of the Management Committee should be notified immediately.
- All computers must be switched off at the end of the day. This action erases residual information contained in the computer's memory and is environmentally sound.

1.3 Data Protection Act

- Data Protection legislation imposes responsibilities on users regarding the processing of personal data. Personal data refers to data relating to a living individual who can be identified either from the data, or from the data in conjunction with other information held by an organisation. It is the responsibility of all DfD staff to ensure that the principles of the Act are complied with.

2. PC, MAC and LAPTOP SECURITY

2.1 General

- PCs and Laptop computers must not be left unattended for long periods while signed-on e.g. during lunch, coffee breaks etc. Users must either logoff or activate a password-controlled screensaver if they are leaving their PC. The screensaver should be set to activate by default after 10 minutes of inactivity.
- IT equipment must not be removed from DfD's premises unless written approval has been received from a Senior Manager or relevant IT personnel. All laptops must be signed for before being removed from CAI premises.

2.2 Software

- Software must not be copied, removed or transferred to any third party equipment such as home PCs.
- Only software that has been authorised by a Senior Manager or relevant IT personnel may be used on PCs and Laptop computers connected to the CAI IT network.

2.3 Confidentiality

- Confidential data held on computer media (e.g. USB key) must be stored securely when not in use.
- PCs and laptop's for disposal must have the hard disk 'wiped clean' before they are distributed outside DfD.

2.4 Laptops and other electronic property

- All reasonable precautions must be taken to protect equipment against damage, loss and theft. The equipment must not be left unattended in any public place. Damage, loss or theft must be immediately reported to the Project Manager.
- Laptops must be stored securely when not in use. Staff must not leave a Laptop computer unattended at any time when not secured.

2.5 Computer Viruses

- Antivirus software should be used. Corruption of PCs or Laptops data or software by malicious software (e.g. a computer virus or a worm) must be reported immediately.

3. INTERNET AND EMAIL

3.1 General

- All staff have a responsibility to use the Internet in a professional, ethical and lawful manner. Internet should be regarded as a privilege which can be revoked.

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- Users should exercise caution when making payments over the Internet, as the security of credit card details cannot be guaranteed. DfD will accept no liability for losses arising through the transmission of personal or financial information (e.g. Credit Card numbers) over the Internet.
- Users must not use the Company Internet facilities to download, display, generate and/or pass on to others material whether in text, pictures or any other form, which would be regarded as offensive. It is important to note that what constitutes offensive material is not one for the sender to determine - it is the effect on anyone viewing the material that is considered important. In law, possession of some material is deemed to be a serious criminal offence, whether in the workplace or otherwise.
- Users must not deliberately perform acts that waste computer resources or unfairly monopolise resources to the exclusion of others. These acts include, but are not limited to, sending mass mailings or chain letters, spending excessive amounts of time on the Internet, failing to exit from websites, engaging in online chat groups, uploading or downloading large files, accessing streaming audio and/or video files, or otherwise creating unnecessary loads on network traffic associated with non-business-related uses of the Internet.

3.2 Email

- Email users must exercise caution with any external attachments other than those received from a trusted source, as these attachments may contain a computer virus.
- Users must not represent themselves as another individual in electronic communications.
- Email users must be aware of the risks associated using email to send confidential or commercially sensitive information.
- Users must ensure that documents attached to emails are not copyright protected.
- Email messages must be appropriate and professional.
- As email is a form of publishing and covered by relevant publishing acts, libelous and defamatory material is not permitted.
- Users should be aware of their obligations under law and must not use email for transmitting data of a personal or professional nature related to a third party except where authorized.
- Emails should carry a standard disclaimer.

4. TELECOMMUNICATIONS

4.1 Third Party Access

- Third Party Access can be defined as "The granting of access to DfD's data to an individual who is not an employee of DfD". Such access for any purpose, even technical support, must be by permission of the Project Manager.

5. SOFTWARE LICENCES

5.1 Copyright

- Copyright stipulations governing vendor-supplied software must be observed at all times.
- The relevant IT personnel is responsible for maintaining records of software licenses. Software that is acquired on a trial basis must be used in accordance with the vendor's copyright instructions.

6. DATA BACKUPS

- Users should save data and files on a backup other than the local hard disk. This ensures that regular backups are taken and are available for recovery purposes.

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IN SUMMARY

The Internet and E-mail should not be used for:

- Personal gain or profit.
- To represent yourself as someone else
- To post or download messages that contain political views
- To post or download messages that contain inappropriate, obscene, inflammatory, intimidatory, harassing, defamatory, disruptive or otherwise offensive language and anything that will reflect poorly on the DfD name and professional reputation.
- To advertise or otherwise support unauthorised or illegal activities.
- To provide information about DfD employees to others and / or to send classified information without approval.
- To access information/software internally or externally that bears no relationship to your position
- When it interferes with job responsibilities. This includes spending unreasonable and unwarranted time on the internet or on E-mail activities.

Internet Access is conditional on the following additional rules being observed :

(a) To access downloading or sending of any indecent, obscene, pornographic, sexist, racist or defamatory or other inappropriate materials as well as the circulation of such materials will be a dismissible offence. This rule will be strictly enforced and is viewed as very serious with potential criminal liabilities for the individual arising there from. The PSNI or other appropriate authority will be informed where appropriate.

(b) DfD has a web page which should not be interfered with nor changed without authorisation of its manager.

(c) Use of public messaging systems on the internet should not be used in the name of DfD without express permission.

Infringement - Breach of Internet and E-mail Rules

Any breaches of these rules will be treated seriously and will be subject to disciplinary action up to and including dismissal. For details of our disciplinary procedures please refer to the employee handbook.

It is the employees' responsibility to know and comply with the requirements of legislation in the use of communication and information technology

SECURITY NOTICES

1. External Email Disclaimer

This email may contain information, which is confidential and/or privileged. The information is intended solely for the use of the individual or entity named above. If you are not the intended recipient, be aware that any disclosure, copying, distribution or use of the contents is prohibited. If you have received this electronic transmission in error, please notify the sender by telephone or return email and delete the material from your computer.

Migrant Support Service
Unit F, Mayfair Business Park
Portadown BT62 1HA.

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Tel: 028 3898 8610

This email message has been scanned for viruses.

APPENDIX

6

APPENDIX 6

Data

Protection

Policy

APPENDIX 6 Data Protection Policy

APPENDIX 6 Data Protection Policy MAIN PROVISIONS/ STAFF OBLIGATIONS:

All Staff are required to be familiar with and comply with the provisions of the data protection legislation and to follow the following guidelines:

Rule 1: Fair obtaining:

- At the time when we collect information about individuals, are they made aware of the uses for that information?
- Are people made aware of any disclosures of their data to third parties?
- Have we obtained people's consent for any secondary uses of their personal data, which might not be obvious to them
- Can we describe our data-collection practices as open, transparent and up-front?

Rule 2: Purpose specification

- Are we clear about the purpose (or purposes) for which we keep personal information?
- Are the individuals on our database also clear about this purpose?
- If we are required to register with the Data Protection Commissioner, does our register entry include a proper, comprehensive statement of our purpose? *[Remember, if you are using personal data for a purpose not listed on your register entry, you may be committing an offence.]*

- Has responsibility been assigned for maintaining a list of all data sets and the purpose associated with each?

Rule 3: Use and disclosure of information

- Are there defined rules about the use and disclosure of information?
- Are all staff aware of these rules?
- Are the individuals aware of the uses and disclosures of their personal data? Would they be surprised if they learned about them? Consider whether the consent of the individuals should be obtained for these uses and disclosures.
- If we are required to register with the Data Protection Commissioner, does our register entry include a full list of persons to whom we may need to disclose personal data? *[Remember, if you disclose personal data to someone not listed on your register entry, you may be committing an offence.]*

Rule 4: Security

- Is there a list of security provisions in place for each data set?
- Is someone responsible for the development and review of these provisions?
- Are these provisions appropriate to the sensitivity of the personal data we keep?
- Are our computers and our databases password-protected, and encrypted if appropriate?
- Are our computers, servers, and files securely locked away from unauthorised people?

locked away from unauthorised people?

locked away from unauthorised people?Rule 5: Adequate, relevant and not excessive

- Do we collect all the information we need to serve our purpose effectively, and to deal with individuals in a fair and comprehensive manner?
- Have we checked to make sure that all the information we collect is relevant, and not excessive, for our specified purpose?
- If an individual asked us to justify every piece of information we hold about him or her, could we do so?
- Does a policy exist in this regard?

Rule 6: Accurate and up-to-date

- Do we check our data for accuracy?
- Do we know how much of our personal data is time-sensitive, i.e. likely to become inaccurate over time unless it is updated?
- Do we take steps to ensure our databases are kept up-to-date?

Rule 7: Retention time

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- Is there a clear statement on how long items of information are to be retained?
- Are we clear about any legal requirements on us to retain data for a certain period?
- Do we regularly purge our databases of data which we no longer need, such as data relating to former customers or staff members?
- Do we have a policy on deleting personal data as soon as the purpose for which we obtained the data has been completed?

Rule 8: The Right of Access

- Is a named individual responsible for handling access requests?
- Are there clear procedures in place for dealing with such requests?
- Do these procedures guarantee compliance with the Act's requirements?

Rule 9: Registration

- Are we clear about whether or not we need to be registered with the Data Protection Commissioner?
- If registration is required, is the registration kept up to date? Does the registration accurately reflect our practices for handling personal data? *[Remember, if your data-handling practices are out of line with the details set out in your register entry, you may be committing an offence.]*
- Is a named individual responsible for meeting our registration requirements?

Rule 10: Training & Education

- Do we know about the levels of awareness of data protection in our organisation?
- Are our staff aware of their data protection responsibilities - including the need for confidentiality?
- Is data protection included as part of the training programme for our staff?

Rule 11: Co-ordination and Compliance

- Has a data protection co-ordinator and compliance person been appointed?
- Are all staff aware of his or her role?
- Are there mechanisms in place for formal review by the co-ordinator of data protection activities within our organisation?

Appendix 7: Charter of Rights for Service Users

Migrant Support Services (MSS) offers the service of walking with you as you face the ordinary problems of housing, welfare and employment in a new environment.

We value you as a person and a citizen and will uphold your rights and entitlements. We believe that non-violent advocacy and working in partnership is the way to good relations.

We aim is to promote integration between all community groups through two services to migrant communities: 1. Information and Support 2. English Language Training.

We are a small and voluntary group but we will act professionally in trying to help.

- we will behave honestly and ethically, accept responsibility for our actions and learn from our mistakes
- we will be helpful, courteous and respectful
- We will maintain an open office from Monday to Thursday from 10.30 – 12.30 and 15.00 – 17.00 and at other times by arrangement.

Yours Rights as a User of the Service

- to be supported in making decisions in your own interests
- to receive services without discrimination on any irrelevant grounds
- to receive services in a healthy and safe environment
- to not be subjected to harassment or objectification
- to expect confidentiality in regard to personal information

Your Responsibilities as a user of the Service

- to seek information and support when needed to make informed decisions
- to share information that enables staff to provide an appropriate service
- to respect the privacy, confidentiality, safety and dignity of others
- to be punctual for appointments and patient when dropping in
- to avoid behaviour that undermines good relations

Feedback and Complaints Procedure

We welcome your feedback and will take it into consideration in developing our service.

If you have a grievance please discuss it with the person you are dealing with as soon as you can. You can also go to the person in charge. If you are not satisfied and wish to make a formal complaint put it in writing and we will acknowledge it immediately and come back with a result within 14 days.

Appendix 8: Code of Practice on Gifts and Hospitality

The giving and accepting of gifts and hospitality has an important role in facilitating business relationships and practice. A meal out with a supplier can help build a relationship; a pen with your firm's name on it can remind a customer of you when they need a quote.

When giving or accepting gifts and hospitality, organisations and their employees need to bear in mind:

- When is a gift appropriate or inappropriate?
- When is a gift a bribe? (i.e. given to influence your decision)

Dialogue for Diversity intends its practice to be in compliance with law and to follow best practice so as to preserve its reputation for integrity for the good of all stakeholders in the organisation.

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Gifts and hospitality under the UK Bribery Act (2010)

The UK Bribery Act (2010) recognises that corporate gifts and hospitality play an important part in business, and provides guidance for organisations as to what is considered appropriate and what may be construed as a bribe when giving or accepting gifts/hospitality. For example, bribery may be disguised through frequent or 'lavish' gift giving/hospitality.

This act applies to UK companies doing business abroad where local custom may understand facilitating payments differently.

In October 2012 the SFO extended its guidance on gifts and hospitality to include "legitimate business expenditure". Whilst recognised as an inevitable and important part of doing business, the guidance warns that "bribes are sometimes disguised as legitimate business expenditure".

Under Section One of the Act, 'intent to induce improper conduct' is a test of whether or not gifts/hospitality can be interpreted as a bribe. Offers of gifts/hospitality must be made in 'good faith' and are not considered legitimate if the intention behind the offer is to advantage the individual making the offer; i.e. the offer is made with the intent that the person who accepts the gift/hospitality will perform a function improperly and partially.

Another test the Act applies is the principle of 'proportionality'. Gifts/hospitality are less likely to be construed as a bribe where they are proportionate to the nature, scale and complexity of an organisation's business activities (see more on proportionality below).

Ethical issues and Principles around giving or accepting gifts/hospitality

The acceptance of gifts, services and hospitality can leave the organisation vulnerable to accusations of unfairness, partiality or deceit, or even unlawful conduct. Client relationships may be subject to bias and the organisation's reputation for 'doing business ethically' will be put at risk.

When a gift is not a gift: One principle to consider is whether there is an expectation that the business relationship will be influenced. If so, this is a bribe, not a gift and is covered under Section One of the UK Bribery Act (2010) as 'intent to induce improper conduct'.

The timing of gifts/hospitality is also relevant. An offer shortly before or after, or during a tendering process for example, is inappropriate as it can be construed as a bribe, offered with the intention of 'closing the deal'. It is not advisable to accept gifts/hospitality at any point in the time surrounding a tendering process or a contract renewal.

Who the gift is for: Giving gifts or hospitality to certain persons, for example public officials, can be more inappropriate than when given to others. Gifts, particularly monetary gifts, to public officials can be construed as a facilitation payment to speed up a normally legal service and is illegal under UK law anywhere in the world. Many companies prohibit gift giving/hospitality of any kind to public officials. Some may put additional controls in place, such as lowering the value limit on gifts/hospitality for public officials or requiring employees to obtain management approval, regardless of the value.

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Organisations, particularly those operating cross-culturally, may wish to provide specific guidance to employees to help identify public officials. In China for example, a significant proportion of companies are state-owned enterprises, and it can be difficult to clearly differentiate between public and private organisations.

Inappropriate scale (principle of proportionality): What constitutes a ‘lavish’ gift or hospitality? Some companies adopt a ‘no to all’ gifts/hospitality approach. Others put a monetary limit on the value of gifts/hospitality that can be given or accepted. It is worth noting that different monetary value limits may be set for gifts and for hospitality. Gifts/hospitality that is offered to an employee and is above the stated value will usually need line managers’ approval before the gifts/hospitality can be accepted.

This can be difficult to judge. For example, the duties of senior staff may require them to attend or sponsor events where hospitality is generous. What may seem minor to a senior manager could be significantly more valuable to a junior employee. Stipulating different monetary values for different management levels can become complicated to justify. Also, the exact value

Company policy

Principles for what can and cannot be given or accepted of an event package, for example a trip to watch the tennis at Wimbledon, is hard to determine. The UK Bribery Act provides some guidance on how to judge whether a gift or hospitality is proportionate or not.

In some companies, gifts that exceed the value limit but are impossible to decline without causing offence or putting business relationships at risk may be accepted on behalf of the organisation. Gifts of high value can then be auctioned at the end of the year to raise funds for charity, for instance.

Reciprocity: Another principle sometimes applied to determine what is an appropriate level of gift giving or hospitality is that of reciprocity, i.e. if I accept an offer, am I able to offer the equivalent in value in return? For example, “If my supplier offers me tickets to the theatre, would I be able to reciprocate?”. If the answer is “No”, then it may be seen as an attempt to ‘buy favour’ and it may be advisable not to accept.

Cash: Giving or accepting cash gifts is rarely appropriate. Being easier to conceal, there is more risk that it will be viewed as bribery than a fair business practice. In some cultures however, giving cash in certain circumstances is acceptable or may even be part of cultural tradition, such as the giving of red envelopes for Chinese New Year. The policy should advise staff on how to handle these cross-cultural challenges by establishing a protocol.

The policy should extend to all employees at all levels in the organisation. Additional guidance may be provided for employees working in ‘high risk’ business functions, such as procurement or sales. Besides employees, corporate gifts and hospitality policies may need to provide guidance on the inclusion of employees’ family members. For instance, a corporate invitation to a conference in the Bahamas may be legitimate for business reasons, but if spouses are invited and paid for, it may be misconstrued as a holiday. The key principle is that hospitality received has to have a clear business reason and not just be for the employee’s or their family’s personal enjoyment.

The Code of Practice

What constitutes ‘gift giving’ ?

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Migrant Support Services provides is a not for profit organisation. As far as it can it provides its services free. Where there are grants, especially government grants, we provide free services. Any service that must be paid for should be clearly identified. Only the legal service is paid for, by free legal aid or by the client.

Information, advice, signposting, form filling are free services. Employees are paid above the minimum wage and contracted for specified hours. It would be construed as bribery if they were to elicit cash or gifts (shish, facilitating payments) to influence the timing, quality or extent of service that seek.

What type of gift can and cannot be given or accepted?

Small token gifts: thank you cards; box of sweets; bottle of wine.

The financial value of gifts that can be given or accepted without disclosure?

Up to £15. But cash may not be accepted.

Gifts and Hospitality Register

Gifts and hospitality above the above amount should be refused or disclosed and recorded in a register.

How employees can refuse gifts or hospitality without causing offence

Refer to company policy.

How staff can seek further guidance

Discuss with any member of the Project Committee.

The Spirit of the Policy and Adapting to Cultural Differences

MSS may need to adapt its policy on gifts and hospitality in relation to some ethnic groups so it is aligned with their cultural beliefs and practice. We need some standards and forms of response to deal with this. However, it is important not to contravene the 'spirit' of the policy when accommodating cross-cultural differences.

Giving Financial Help

MSS is not in the business of giving financial handouts, and does not have a budget for that. People in need of financial help should be referred to Vincent de Paul or The Foodbank.

Discretion

This code applies to staff working on the premises and on the business for which they are contracted. The company is not responsible for interactions in the personal lives of their staff and clients, and does not authorise the conduct of personal business in its offices. Small interactions such as a phone call or quick visit is tolerable.

COMPLAINTS PROCEDURE

Complaints about service should be first be dealt with informally, between the client and service worker if possible. This can resolve an injustice effectively with fewer undesirable knock on effects for all concerned. In

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the first instance the complainant should ask the person responsible to stop the unacceptable behaviour. If this does not resolve the situation s/he may make a complaint using the formal mechanism outlined below.

Formal Procedure

A formal complaint should be lodged in writing with the project coordinator.

Details in writing of the allegations made will be presented to the employee(s) concerned. He or she will be given an opportunity to respond verbally and in writing to the allegations made against them. They will be given the opportunity of being represented. Where relevant, witnesses will be spoken to as part of the investigation.

Complaints will be dealt with promptly and in confidence. All parties involved will be given fair and impartial hearing. Parties will be kept informed of progress during the investigation.

Action

Where a complaint is upheld, then appropriate corrective action from informing up to and including dismissal, will be taken.

The project coordinator will follow up with regular checks to ensure that offending behaviour has stopped and that there has been no victimisation. Retaliation against a client for complaining about unfair treatment is a disciplinary offence.

Where the investigator believes that a complaint has been brought for malicious or vexatious reasons the complainant will be so informed.

DIALOGUE FOR DIVERSITY

Staff Handbook

I _____ have read and fully understand the contents of the Company and
fully understand the contents of the Company
and fully understand the contents of the Company
Handbook.

Signed: _____

Date: _____

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Type company name here to auto-populate document

[Company]

Bereavement Leave Policy

Introduction

1. This policy sets out the Company's position in relation to bereavement leave, details what employees are entitled to and how they should go about requesting this leave.
2. This policy excludes arrangements for statutory parental bereavement leave and pay which is covered by a separate policy.
3. This policy applies to all employees of [Company] but excludes other workers or contractors providing a service to the Company. It is non-contractual and may be amended by the Company from time to time at its absolute discretion.
4. Unless specifically agreed otherwise by the Company, all bereavement leave is unpaid. The Company at its discretion may agree to allow the employee to take paid annual leave or in exceptional circumstances other unpaid leave of absence if bereavement leave is insufficient.

Bereavement Leave ****N.B. numbers in red can be varied dependant on employers preference****

5. Bereavement leave is a set period of time off work following the death primarily of a family member or in some circumstances of a loved one outside the immediate family circle. The time off allows the employee to undertake any necessary practical arrangements to deal with the death and to start the grieving process.
6. Bereavement leave is unpaid leave granted for a period of **3 days** on the death of an immediate relative. That is a spouse, civil partner or co-habiting partner, parent, sibling or grand-child. Line managers have discretion to interpret this flexibility, so for example it might include an aunt, grand-parent or other person who had been a carer to the employee when growing up. Leave days do not have to be taken consecutively. loyee when growing up. Leave days do not have to be taken consecutively.
loyee when growing up. Leave days do not have to be taken consecutively.
7. A maximum of **1 days** unpaid employee when growing up. Leave days do not have to be taken consecutively. A maximum of 1 days unpaid bereavement leave will be granted on the death of any other family member not classed as an immediate relative to allow attendance at the funeral. This may, at the discretion of the employees line manager, be extended to also include a close non-family member.
8. Special leave and pay arrangements (Statutory Parental Bereavement Leave) are available to the parent or primary carer on the death of a child, or if a child is stillborn after 24 weeks of pregnancy. Details of how to access this leave are outlined in the Company's 'Parental Bereavement Leave and Pay Policy'.
9. The Company understands that in some circumstances, for example where the employee has responsibilities for funeral arrangements, for taking care of the deceased persons estate, needs to observe particular religious or cultural practices or may have to travel out of the country for the funeral that bereavement leave may not be sufficient. Therefore, the employee may apply to use annual leave at short notice in addition to bereavement leave. The Company will also grant a up to

maximum of an additional **5 days** unpaid leave to be taken at the discretion of line management.

10. [Company] will be sensitive to the employees needs to observe any particular religious or cultural practice including the need to travel abroad or to be off work at a particular time.
11. Employees should inform their line manager as soon as possible about their request for bereavement leave. However, in the event of a sudden death where urgent time off is required, employees must contact their line manager immediately, explain the situation to them and agree the appropriate length of bereavement leave.
12. Before, or if not possible, on return from bereavement leave the employee must complete the form at Appendix 1: 'Request for Bereavement Leave'. This will be used to adjust their salary and will be held on their leave record.
13. The Company will try to accommodate all reasonable requests for bereavement leave and requests will be considered sympathetically on a case-by-case basis. However, employees should be aware that some leave requests may have to be refused because of the needs of the business or the undue workload pressures it would place on colleagues. In those circumstances, any unauthorised absences taken in place of approved leave may warrant investigation and disciplinary action up to and including dismissal under the Company's disciplinary policy.
14. An employee with any concerns about the impact of the bereavement impacting on their work performance should discuss this in confidence with their line manager. This is to ensure that the employee is fully supported on their return to the full range of duties and responsibilities that they had prior to the bereavement, or that their duties and responsibilities are temporarily adjusted to give them time to recover from the bereavement.

Appendix 1 - Request for Bereavement Leave

You should complete this form if you wish to request a period of unpaid Bereavement Leave under the terms of the Company's Bereavement Leave Policy and submit it to your line manager.

16.
17.
18.
19.
20.
21.

Give details of the reasons for your request:

22.

- ☐ I confirm that all the information above is accurate and true to the best of my knowledge.
- ☐ I understand that bereavement leave is unpaid and that I will not be paid for the time I am on such leave.
- ☐ I understand that all bereavement leave is granted purely at the discretion of [Company] and that some or all of this request may be refused.
- ☐ I understand that any unauthorised absences taken in place of approved leave may warrant investigation and disciplinary action up to and including dismissal under the Company's disciplinary policy.

Signed: (Employee)_____ Date:_____