# Safeguarding Incident and Concern Form

Confidential. Record facts promptly. Contact emergency or child-protection authorities first where anyone is in immediate danger.

| | |
|---|---|
| Case reference | |
| Date and time reported | |
| Reporter name or Anonymous | |
| Contact details | |
| Programme and location | |
| Person at risk (use initials where possible) | |
| Date and time of incident or concern | |
| What was seen, heard or reported | |
| Immediate protection or action taken | |
| People informed and referrals made | |
| Risk level: Immediate / High / Medium / Low | |
| Assigned safeguarding officer | |
| Signature and date | |

Keep this form in restricted safeguarding records. Do not circulate it through ordinary group chats or public email lists.

# Photograph Video Audio and Testimony Consent Form

Use this form before publishing or sharing a person’s image, voice or testimony. Consent may be restricted or withdrawn for future use.

Adult or parent/guardian full name

Person represented (full name or child initials)

Relationship

Telephone or WhatsApp

Email address

I permit: [ ] Photographs [ ] Video [ ] Audio [ ] Written testimony

Approved channels: [ ] Website [ ] Social media [ ] Printed reports [ ] Partner reports [ ] Ministry presentations

Name display: [ ] Full name [ ] First name only [ ] Initials only [ ] No name

Restrictions or special instructions

I confirm that the purpose and intended use were explained to me. I understand that I may contact the ministry to withdraw consent for future use, although material already lawfully published may not always be fully retrievable.

Name and signature

Date

Witness or ministry representative

# Complaint and Whistleblowing Intake Form

Confidential. A person may identify themselves or use Anonymous. Safeguarding emergencies must be referred immediately.

| | |
|---|---|
| Case reference | |
| Date received | |
| Name or Anonymous | |
| Contact details | |
| Matter concerns | |
| Programme person or location involved | |
| Date or period concerned | |
| Complaint or suspected wrongdoing | |
| Evidence available | |
| Action already taken or requested | |
| May we contact the reporter: Yes / No / Not applicable | |
| Received by | |
| Acknowledgement date | |

# Volunteer Code Acknowledgement

Complete this form after reading the Volunteer Code of Conduct and Child Safeguarding Policy.

Full name

Telephone or WhatsApp

Email address

Location

Volunteer role or area

Emergency contact name and number

[ ] I have read and agree to follow the Volunteer Code of Conduct.

[ ] I have read and agree to follow the Child Safeguarding Policy.

[ ] I will protect confidential information, report concerns promptly and use ministry property and communication channels only as authorised.

[ ] I understand that serious misconduct, abuse, exploitation, fraud or safeguarding breaches may lead to immediate suspension, removal and referral to the appropriate authority.

Typed or written acknowledgement

Volunteer signature and date

Ministry representative and date

# Donation Receipt

Complete only after confirming that the donation was received. Do not record PINs, passwords or full payment-card numbers.

Receipt number

Donation date

Donor full name

Organisation

Telephone or email

Amount

Currency

Payment channel

Transaction reference

Programme or stated purpose

Theos Transforming Ministries acknowledges receipt of the donation described above. This receipt confirms receipt only and does not create a promise of refund, financial return or tax deductibility.

Received and verified by

Authorised signature

Issue date

# Monthly Financial Report

Prepare one report for each currency. Attach the transaction ledger, receipts, approvals, bank or mobile-money statements and restricted-fund records.

Reporting month

Currency

Prepared by

Review date

| Summary | Amount |
|---|---|
| Opening balance | |
| Total income | |
| Total expenses | |
| Closing balance | |
| Restricted funds included | |
| Cash balance | |
| Bank and mobile-money balance | |

Material variances issues or outstanding documents

Actions required owner and due date

Prepared by and date

Reviewed by and date

Approved by and date