



## Safeguarding

Ukrainian Catholic Eparchy of Saskatoon  
214 Ave. M South, Saskatoon, SK, S7M 2K4 CANADA

Tel: 306-653-0138 x. 228 Cell: 306-222-1475

E-mail: [safeguarding@skeparchy.org](mailto:safeguarding@skeparchy.org)

Web: <https://www.skeparchy.org/wordpress/about-us/policies-and-procedures/eparchial-covenant-of-care-abuse-and-misconduct-policy/>

### Eparchial Safeguarding Policy 2020

#### Covenant of Care Training YOUTH EDITION Registration Form

All fields must be complete:

1. Youth Name: \_\_\_\_\_ Age: \_\_\_\_\_
2. Parish or Eparchial Organization: \_\_\_\_\_
3. Ministry Position: \_\_\_\_\_
4. Parental Consent for Youth Applicant's:
  - 4.1. Email: No:  Yes:  \_\_\_\_\_
  - 4.2. Phone Number:  No:  Yes: \_\_\_\_\_
5. Parent/Guardian Name: \_\_\_\_\_
6. Parent/Guardian E-mail: \_\_\_\_\_
7. Training Requested: Please Check only training applicable to position held:
  - 7.1. **Part A**
    - Youth 12-13 - with parent's permission and participation
    - Youth 14-17 (With parental approval; should ideally include parents)
  - 7.2. **Part B:**
    - Youth 12-17  
(Parents and youth with **parental guidance** and **permission**. **This video** contains disturbing material re: child sexual abuse. Parents should preview to assess content.
      - Though recommended Part B not required if deemed inappropriate.)
      - Link will be sent to parent's email.
8. Have you received previous Covenant of Care Training:  Yes  No
9. If so, when (Month/Year): \_\_\_\_\_

**Note:** All who were trained previously must update themselves by re-training to be compliant with the 2020 Safeguarding Policy. If Parishes organize group training a completed form must be sent in for each trainee and they must each complete and submit a quiz for each section of the training taken. These quizzes may be taken as a group, but again must be individually submitted via email or mail. Incorrect answers will be dealt with individually by a follow up phone call. Once the quizzes and any required follow up are complete a **Certificate of Training** will be issued.

10. Name of Registrant's Supervisor: \_\_\_\_\_

Email Address: \_\_\_\_\_

\_\_\_\_\_  
Parent Guardian Signature

\_\_\_\_\_  
Date (Month/Date/Year)