

**DIOCESE OF WAIKATO AND TARANAKI**

This information will be used to update our Diocesan records and to compile the required statistical data of this Church for our internal purposes and for the Charities Commission, as required.

**Due Date: Two weeks after Parish AGM**

 **SCHEDULE A - ANNUAL PARISH INFORMATION UPDATE**

|  |  |
| --- | --- |
| **NAME OF PARISH**  | DATE the AGM was held in 2024 |
| Name of person completing Schedule A and contact phone number: |

**PARISH INFORMATION UPDATE** *(To enable records to be checked and updated)*

|  |  |
| --- | --- |
| Parish physical address |   |
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|  |
| Parish postal address |  |
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|  |
| Name of parish administrator |  |
| Parish office/contact person phone no/s |  |
|  |
| Parish office/contact person’s email address |  |
| Days/hours parish office attended |  |
|  |
| Sunday service times |  |
|  |
| Other services/times during week |  |
|  |
| **Vicar/Priest In Charge** |  |
|  Scheduled day off |  |
|  Home phone no |  |
|  Mobile no |  |
|  Vicarage OR 🗆 Private home address 🗆 |  |
|  |
|  |

**PARISH OFFICIALS & ROLE HOLDERS**

*Parishes with Team Member Licences should see below.*

|  |
| --- |
| **LICENCED ROLE HOLDERS/STAFF** *Please note this information is required to establish who the Parish has a level of responsibility for the under Health and Safety legislation.* |
| Role |  Name  | Licence held / Role description  | Average no. hrs p/w | Total hrs for year | Police Check required & current |
| Stipended clergy |  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Non stipended clergyPlease include any PTO clergy who may work in the Parish. |  |  |  |  |  |
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|  |  |  |  |  |
| Retired clergy |  |  |  |  |  |
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|  |  |  |  |  |
| Paid Lay licence holder |  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Voluntary Lay licence holder(e.g. Llms, Canons) |  |  |  |  |  |
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| **Parishes with Team licences (if applicable)** |
| Role |  Name  | Licence held / Role description  | Average no. hrs p/w | Total hrs for year | Police Check required & current |
| Stipended Clergy  |  |  |  |  |  |
|  |  |  |  |  |
| Non Stipended ClergyPlease include any PTO clergy who may work in the Parish. |  |  |  |  |  |
|  |  |  |  |  |
| Retired Clergy |  |  |  |  |  |
|  |  |  |  |  |
| Paid Lay Licence holder |  |  |  |  |  |
|  |  |  |  |  |
| Voluntary Lay Licence holder |  |  |  |  |  |
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| **NON LICENCED ROLE HOLDERS/STAFF** *Please note this information is required to establish who the Parish has a level of responsibility for the under Health and Safety legislation.* |  |
| Role | Name | Licence held / Role description  | Average no. hrs p/w | Total hrs for year | Police check required & current |
| Paid office secretary/administrator |  |  |  |  |  |
|  |  |  |  |  |
| Voluntary office administrator/s |  |  |  |  |  |
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|  |  |  |  |  |  |
| Role | Name | Licence held / Role description  | Average no. hrs p/w | Total hrs for year | Police check required & current |
| Other recognised voluntary roles, give a brief descriptionEg Linen cleaning, flowers, music, op shop, preparing parish news, cleaning, grounds, brass cleaning etc |  |  |  |  |  |
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| Paid children’s workers - Sundays  |  |  |  |  |  |
|  |  |  |  |  |
| Voluntary children workers – Sundays  |  |  |  |  |  |
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| Paid youth worker |  |  |  |  |  |
|  |  |  |  |  |
| Voluntary youth workers |  |  |  |  |  |
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| Other Key voluntary leadership positions, eg. Mission Motivator |  |  |  |  |  |
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**CHARITIES COMMISSION REPORTING**

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| **Paid employees – in an average week how many people (including clergy and lay people) are employed?** | Total number |
|  Employees paid full time |  |
|  Employees paid part time |  |
|  Employees (full and part time) – in an average week, how many paid hours are worked in total by all employee  |  |
|  |  |
| **Volunteers – in an average week how many people work as volunteers?**  |  |
|  Number of volunteers |  |
|  Volunteers – how many volunteers hours are worked in total, in an average week |  |



**DIOCESE OF WAIKATO AND TARANAKI**

**SCHEDULE B - STATISTICAL INFORMATION**

Statistical Return for the period 1 January 2022 – 31 December 2022

|  |  |
| --- | --- |
| **NAME OF PARISH**  | DATE the AGM was held in 2024 |
| Name of person completing Schedule B and contact phone number:  |

**Please complete ALL sections**

Parish Roll: A ‘Parishioner’ is a person who has expressed a wish for his or her name to be entered on the Parish Roll.

|  |  |
| --- | --- |
| 1 | **MEMBERSHIP**  |
|  No. of families (households) on Parish Roll |  |
|  Parish Roll total |  |

|  |  |
| --- | --- |
| 2 | **CHURCH SERVICES, includes rest homes, hospitals and satellite church services** |
| List worship locations: | Frequency |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
| 6 |  |  |
| 7 |  |  |
| 8 |  |  |
| 8 |  |  |
| 10 |  |  |

|  |  |
| --- | --- |
| 3 | **CHURCH ATTENDANCE** *(Please include children in these numbers)* |
|  Total attendance at **all** services (**including** home communions, **excluding** weddings and funerals) |  |
|  Total attendance at rest home services and hospitals |  |
|  Total attendance at Holy Week services |  |
|  Total attendance at services on Easter Eve and Easter day |  |
|  Total attendance at Christmas season services  |  |
|  Total attendance at Christmas Eve and Christmas Day services |  |
|  No. who attended church services in June 2023 |  |
|  Acts of Communion – Easter Day |  |
|  Acts of Communion – Christmas Eve and Christmas Day |  |
|  Acts of Communion – annual total |  |

|  |  |
| --- | --- |
| 4 | **SACRAMENTAL**  |
|  No. of Infant Baptisms |  |
|  No. of Thanksgivings for the Birth of a Child services |  |
|  No. of Baptisms – school age |  |
|  No. of Baptisms – adults |  |
|  No. of Confirmations |  |
|  No. of Renewal of Confirmation Vows |  |
|  No. of Marriages |  |
|  No. of Funerals |  |

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| 5.1 | **OUTREACH, EDUCATION & NURTURE PROGRAMMES OR GROUPS** |  |  |
|  | **MINISTRY TO YOUNG PEOPLE**  |  Name of group | No. of groups  | No attending |
| Weekdays | Sunday |
|  Sunday school/Junior Church |   |  |  |  |
|  Primary / Intermediate |   |  |  |  |
|  High School |   |  |  |  |
|  Young Adults, i.e. those who have left secondary school |   |  |  |  |
| After school programmes |  |  |  |  |
| School holiday programmes |  |  |  |  |
| Messy church |  |  |  |  |
| Mainly Music or similar |  |  |  |  |
| Other outreach initiatives, please list |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  Name of group | No of groups | No of attendees  |
| 5.2 | **ADULT GROUPS**  |
|  Women’s groups |  |  |  |
|  Men’s groups |   |  |  |
|  Mixed groups |   |  |  |
|  Courses, list each one for  the past 12 months  e.g. Alpha, Emmaus, EFM,  Lenten studies, Mothers’  Union, AAW etc |  |  |  |
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| --- | --- |
| 6  | **NUMBER OF RECORDED GIVERS**  |
|  Envelope, automatic payment and direct credit (no. of)  Note: couples – A couple may have one envelope between them (count as one) while  another couple may each have an envelope or a/p (count as two).  |  |
|  |  Other - This is irregular, quarterly or annual giving, when it is recorded and receipted. |  |



**DIOCESE OF WAIKATO AND TARANAKI**

**SCHEDULE C – PROPERTY, BUILDINGS AND HEALTH & SAFETY**

|  |  |
| --- | --- |
| NAME of person completing Schedule C& contact phone no. |  |
| NAME of Health and Safety Warden*Note: Vestries are urged to appoint a person or “Properties Committee” to be responsible for Health and Safety Issues and report to Vestry.* |  |

**In order to comply with the Health and Safety in Employment Act 1992, and meet Insurance requirements, we ask you to complete all parts of Section C.**

|  |  |
| --- | --- |
| 1 | **BUILDING COMPLIANCE** List ALL Parish buildings – including halls & satellite parish buildings.***See Page 11*** *for notes on Building Warrant of Fitness requirements.* |
|  |  |  |  *Notes* |
|  | **Name of building (1):** |
| Does this building have a long-term maintenance plan? (If yes, please include term in the notes column)  | *Yes* | *No* |  |
| Does this building require a Building Warrant of Fitness?  | *Yes* | *No* |  |
| If yes, what is the date of renewal for the BWOF? | Renewal date: |
| If a BWOF is required, is the latest attached?  | *Yes* | *No* |  |
| Does this building have a (a) fire alarm (b) automatic fire detection or (c) smoke alarms***See Page 11*** | *Yes* | *No* |  |
| If the Parish has a fire equipment service contract is it current? | *Yes* | *No* |   |
| **Name of building (2):** |
| Does this building have a long-term maintenance plan? (If yes, please include term in the notes column)  | *Yes* | *No* |  |
| Does this building require a Building Warrant of Fitness?  | *Yes* | *No* |  |
| If yes, what is the date of renewal for the BWOF? | Renewal date: |
| If a BWOF is required, is the latest attached?  | *Yes* | *No* |  |
| Does this building have a (a) fire alarm (b) automatic fire detection or (c) smoke alarms | *Yes* | *No* |  |
| If the Parish has a fire equipment service contract is it current? | *Yes* | *No* |  |
| **Name of building (3):** |
| Does this building have a long-term maintenance plan? (If yes, please include term in the notes column)  | *Yes* | *No* |  |
| Does this building require a Building Warrant of Fitness?  | *Yes* | *No* |  |
| If yes, what is the date of renewal for the BWOF? | Renewal date: |
| If a BWOF is required, is the latest attached?  | *Yes* | *No* |  |
| Does this building have a (a) fire alarm (b) automatic fire detection or (c) smoke alarms | *Yes* | *No* |  |
| If the Parish has a fire equipment service contract is it current? | *Yes* | *No* |  |
| **Name of building (4):** |
| Does this building have a long-term maintenance plan? (If yes, please include term in the notes column)  | *Yes* | *No* |  |
| Does this building require a Building Warrant of Fitness?  | *Yes* | *No* |  |
| If yes, what is the date of renewal for the BWOF? | Renewal date: |
| If a BWOF is required, is the latest attached?  | *Yes* | *No* |  |
|  | Does this building have a (a) fire alarm (b) automatic fire detection or (c) smoke alarms | *Yes* | *No* |  |
| If the Parish has a fire equipment service contract is it current? | *Yes* | *No* |  |
| **Name of building (5):** |
| Does this building have a long-term maintenance plan? (If yes, please include term in the notes column)  | *Yes* | *No* |  |
| Does this building require a Building Warrant of Fitness?  | *Yes* | *No* |  |
| If yes, what is the date of renewal for the BWOF? | Renewal date: |
| If a BWOF is required, is the latest attached?  | *Yes* | *No* |  |
| Does this building have a (a) fire alarm (b) automatic fire detection or (c) smoke alarms | *Yes* | *No* |  |
| If the Parish has a fire equipment service contract is it current? | *Yes* | *No* |  |
| **Name of building (6):** |
| Does this building have a long-term maintenance plan? (If yes, please include term in the notes column)  | *Yes* | *No* |  |
| Does this building require a Building Warrant of Fitness?  | *Yes* | *No* |  |
| If yes, what is the date of renewal for the BWOF? | Renewal date: |
| If a BWOF is required, is the latest attached?  | *Yes* | *No* |  |
| Does this building have a (a) fire alarm (b) automatic fire detection or (c) smoke alarms | *Yes* | *No* |  |
| If the Parish has a fire equipment service contract is it current? | *Yes* | *No* |  |
| **VICARAGE** |
| Does the vicarage have a long-term maintenance plan? (If yes, please include term in the notes column) | *Yes* | *No* |  |
| Does the vicarage have smoke alarms fitted? | *Yes* | *No* |  |
| Date when batteries last replaced the vicarage smoke alarms? | Date replaced: |
| 2 | **HEALTH & SAFETY / HAZARD AND ACCIDENT REPORTING** |
| Is there adequate lighting? | *Yes* | *No* |  |
| Trip hazards and uneven surfaces noted? | *Yes* | *No* |  |
| Exterior – recycle and rubbish bins clear of building? | *Yes* | *No* |  |
| Hazardous substances stored in locked cupboards? | *Yes* | *No* |  |
| Walkways clear? Ie. no items stored in walkways. |  *Yes* |  *No* |  |
| Storage adequate, safe? |  *Yes* |  *No* |  |
| What is the date of the last evacuation practice?*Note: These should be carried out yearly.* | Date of last practice: |  |
| All exit doors and access to fire equipment clear? | *Yes* |  *No* |  |
| Are fire safety wardens delegated and trained? | *Yes* |  *No* |  |
| Are visitors/contractors made aware of any hazards? | *Yes* | *No* |  |
| Are parish members aware of hazards? | *Yes* | *No* |  |
| Do you have an up to date Accident Register? | *Yes* | *No* |  |
| When was the First Aid Kit contents last checked? | Date checked: |
|  |  |
|  |  |
| 3 | **ELECTRICAL** - ***See Page 11*** |
| Is the electrical equipment and appliances testing and tagging up to date? | *Yes* | *No* |  |
| Condition of wiring – are there any broken sockets?*Note: If yes, immediate action is required.* | *Yes* | *No* |  |
| Condition of extension cords – are there any exposed wires?*Note: If yes, immediate action is required.* | *Yes* | *No* |  |
| Are power cords clear of walkways/ appropriately covered? | *Yes* | *No* |  |
| 4 | **AMENITIES** |
| Is the list of expectations for those hiring facilities up to date? | *Yes* | *No* |  |
| Is there an emergency check list available for those hiring any of the facilities on site? | *Yes* | *No* |  |

**Building Warrant of Fitness**

If any building other than a single residential dwelling contains one or more specified system (see below) the building’s owner is required by law to apply to the local territorial authority for a Compliance Schedule.

On an annual basis on the anniversary of the Compliance Schedule being issued the building owner must collect certificates (form 12A) from the relevant approved contractors they have used to carry out the required checks and produce a building warrant of fitness, this warrant must be displayed in the building and a copy of all documents sent to the Council and attached to this Schedule.

The list of specified systems that highlight the need for a Compliance Schedule is listed below:

1 Automatic systems for fire suppression (eg sprinkler systems)

2 Automatic or manual emergency warning systems for fire or other dangers

3 Automatic doors

4 Access controlled doors

5 Interfaced fire or smoke doors

6 Emergency lighting systems

7 Escape route pressurisation systems

8 Riser mains for use by fire services

9 Automatic backflow preventers connected to a potable water supply

10 Passenger carrying lifts

11 Mechanical ventilation system

12 Air conditioning systems

13 Fire/Smoke Dampers

14 Building maintenance units providing access to exterior and interior walls of buildings

15 Audio loops

16 FM radio frequency systems

17 Mechanical smoke control

18 Natural smoke control

19 Emergency power systems for, or signs relating to, a system or feature specified above

**Fire alarms**

Fire alarms come under the requirements of the Building Code. For new or altered buildings the stipulation is:

if there is more than 50 people in the building the fire alarm must be Type 2: A fire alarm system with manual call points connected to the fire brigade.

**Electrical**

Any appliances or equipment which get plugged in to electricity must be checked/tagged. This includes cell phone chargers using 230V.

Office equipment – five yearly cycle

Kitchen appliances – yearly cycle

Cost $5.00 per item

An Asset and Results Register is maintained by the contractor. For Taranaki: Merv Farquhar 021 599644.



**DIOCESE OF WAIKATO AND TARANAKI**

 **SCHEDULE D - DECLARATIONS**

**DECLARATION OF ADHERENCE**

DECLARATION OF ACKNOWLEDGEMENT OF THE AUTHORITY OF

**CHAIRPERSON**

I declare the following (over page) duly elected at the AGM held on \_\_\_\_\_ / \_\_\_\_\_\_ / 2024.

Name of Chairperson\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Chairperson)

**PARISH OFFICERS 2022**

ALL Parish Officers must READ the following Declaration then COMPLETE and SIGN the form on the following page:

**DECLARATION – Under Part C15 of the “Constitution” required by the General Synod to be signed by Church wardens, elected members of the Vestry and Synod Representatives on taking Office, and when signed to be forwarded by the Chairperson of Vestry to the Administrator of the Diocese.**

**I**, the undersigned, **DECLARE** my submission to the authority of the General Synod / te Hinota Whanui of this church established by a Constitution agreed to on the 13th day of June 1857 and as subsequently revised and amended from time to time and to all the provisions of the Constitution from time to time in force to the extent that the authority and those provisions relate to the offices below and to any other office or membership I may at any time hold.

**AND** I further consent to be bound by all the regulations which may from time to time be issued by the authority of the General Synod / te Hinota Whanui in relation to any such office or membership so long as I hold it.

**AND** I hereby undertake in consideration of my holding any such office or membership immediately to resign that office or membership together with all the rights and emoluments appertaining thereto whenever I shall be called upon so to do by the General Synod / te Hinota Whanui or by any person or persons lawfully acting under its authority in that behalf.

**AFTER READING THIS DECLARATION PLEASE TURN OVER TO SIGN:**

**PLEASE PRINT CLEARLY**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Vestry position** | **Salutation** | **Full name** | **Postal address with postcode** | **Email address** | **Home (& wk) tel no** | **Mobile no** | **Signature** |
| People’s Warden |  |  |  |  |  |  |  |
| Vicar’s Warden |  |  |  |  |  |  |  |
| Synod Rep (1) |  |  |  |  |  |  |  |
| Synod Rep (2) |  |  |  |  |  |  |  |
| Youth Synod Rep |  |  |  |  |  |  |  |
| Parish Nominator/Regional Council Representative  |  |  |  |  |  |  |  |
| Parish Nominator/Regional Council Representative  |  |  |  |  |  |  |  |
| Parish Nominator  |  |  |  |  |  |  |  |
| Parish Nominator  |  |  |  |  |  |  |  |
| Vestry member (1) |  |  |  |  |  |  |  |
| Vestry member (2) |  |  |  |  |  |  |  |
| Vestry member (3) |  |  |  |  |  |  |  |
| Vestry member (4) |  |  |  |  |  |  |  |
| Vestry member (5) |  |  |  |  |  |  |  |
| Vestry member (6) |  |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Vestry position** | **Salutation** | **Full name** | **Postal address with postcode** | **Email address** | **Home (& wk) tel no** | **Mobile no** | **Signature** |
| Vestry member (7) |  |  |  |  |  |  |  |
| Vestry member (8) |  |  |  |  |  |  |  |
| Vestry member (9) |  |  |  |  |  |  |  |
| Vestry member (10) |  |  |  |  |  |  |  |
| Parish Treasurer |  |  |  |  |  |  |  |
| Secretary to Vestry |  |  |  |  |  |  |  |

If you have any questions completing these forms please contact Helen Martin 07 757 0020.

**CHECKLIST:**

Have you completed:

Schedule A Annual Parish Information Update 🗆

Schedule B Statistical Information 🗆

Schedule C Property, Building & Health & Safety Report 🗆

Schedule D Declaration of Adherence 🗆

Have you taken a copy for your own records? 🗆

**ONCE COMPLETED, PLEASE POST OR EMAIL TO:**

**Waikato returns to:**

Helen Martin

Anglican Diocese of Waikato & Taranaki

PO Box 21

HAMILTON 3240

receptionist@wtanglican.nz

 Updated 6/10/2023