

**GROUP SAFEGUARDING OFFICER**

**ROLE ACCEPTANCE FORM**

Name: …………………………………………………………………………………………………………………………

Address: ……………………………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………………

Contact telephone number: ……………………………………………………………………………………………

Email: ………………………………………………………………………………………………………………………….

I have attended a minimum of a half day Safeguarding Course and have read the Group Policy Statement, Child Protection Policy, Vulnerable Person Protection Policy and the RDA/DBS Policy Statement.

Signed:

……………………………………………………………………………………………………………………………………

Date:………………………….....

The Trustees of the ………………………………………………………………………………. Group are all in agreement that the above person is to take on the role of Group Safeguarding Officer.

Signed: ………………………………………………………………………………………………………………………..............

Name: (Please print): …………………………………………………………………………… on behalf of the Trustees of the above Group.

Date:………………………………