



Safeguarding Agreement

I have read the Safeguarding Policy of the Chaplaincy of Aquitaine.

I understand it in full and accept its requirements.

Signature:

Name – please print clearly:

Church:

Address:

Phone number:

Email address:

My involvement is with (please tick as appropriate):

Leading Services

Local Warden

Sunday School

Other young people's group(s)

Pastoral Care

Local Safeguarding Officer

Prayer Ministry

Local Committee/Chap Council

Welcome Team/Sidesperson

Individuals or groups on behalf of the Chaplaincy of Aquitaine