Safeguarding Agreement

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

I understand it in full and accept its requirements.

Your Signature:

Your Name – please print clearly:

Your Church:

Your Address:

Phone number:

Email address:

My involvement is with (please tick as appropriate):

Local Warden ○ Leading Services ○

Sunday School ○ Other young people's group(s) ○

Pastoral Care ○ Local Safeguarding Officer / ID checker ○

Prayer Ministry ○ Welcome Team / Sidesperson ○

Local Committee/Chap Council ○ Organist/Musician/Choir leader ○

Individuals or groups on behalf of the Chaplaincy of Aquitaine ○

SG A/ment	ID check	Con Dec	CJ/DBS	Level 1 A	Level 1 C	Level 2 a.m.	Level 2 All day