?? Safeguarding Declaration Form

For Employees, Teachers, Volunteers, and Staff

Rock City Academy

? Purpose

This form confirms that the staff member has received, read, understood, and agreed to follow the institution's Safeguarding Policy for Children and Vulnerable Adults.

? Staff Details

| | Full Name: | |
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- Position/Role: _________
- Date of Joining:

? Declaration

I, the undersigned, confirm that:

- 1. I have received and read the Safeguarding Policy for Children and Vulnerable Adults provided by Rock City Academy.
- 2. I understand the definitions, procedures, and expectations contained in the policy, including:
 - o Recognising signs of abuse or neglect
 - o Reporting procedures and my obligation to report any concerns immediately
 - o Appropriate conduct when working with children and vulnerable adults
- 3. I understand that a failure to adhere to this policy may result in disciplinary action, including termination of employment or legal action where appropriate.
- 4. I agree to uphold and promote a safe, respectful, and inclusive environment for all children and vulnerable adults.

?? Signature

| • | Staff Signature: : | |
|---|--------------------|--|
| | | |

- Date: -----
- Witness Name: Mr Tayo Are, HR/Admin Officer
- Witness Signature: ________
- Date: _____

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