

?? 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:** _____
- **Position/Role:** _____
- **Department/Unit:** _____
- **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:
 - Recognising signs of abuse or neglect
 - Reporting procedures and my obligation to report any concerns immediately
 - 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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