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**Declaration of Acceptance of the Church of Ireland Adult Safeguarding Policy and a ‘Duty to Care’**

Parish of ……………………………………………………………………………………….

**Declaration**

I have attended a training event on *(insert date) \_*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at *(insert venue)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ which has introduced me to the Church of Ireland Adult Safeguarding Policy and the recommended procedures to be followed when working with vulnerable adults have been explained to me.

**I acknowledge receipt of / access to the relevant sections of the Church of Ireland Adult Safeguarding Policyand declare I will uphold the same in the position I have accepted with (***name of group/parish)*

**I further state that I shall exercise a duty to care for anyone in my charge***.*

*Name (print)*

*Signed*

*Date*

***NB This*** *declaration is to be retained by the select vestry*