Appendix 11: Acceptance of the UL Child Safeguarding Statement

I have read the UL Child Safeguarding Statement and the Faculty, Division, Department Child

Safeguarding Risk Assessment.

I agree to abide by its contents and act in accordance with the UL Child Safeguarding Statement.

There is no reason why I would be considered unsuitable to work with children or young people.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty, Division, Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Return the completed form to your University Department office for retention on file.***