

VOLUNTEERS DECLARATION FORM

DECLARATION FROM ALL STAFF AND VOLUNTEERS WORKING WITH CHILDREN AND YOUNG PEOPLE

SURNAME: _____

FORENAME: _____

DATE OF BIRTH: _____

ADDRESS: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

ACCEPTANCE OF BANNA CHLUAIN MEALA CHILD PROTECTION POLICY

I HAVE READ THE **BANNA CHLUAIN MEALA** CHILD PROTECTION POLICY AND PROCEDURES, CODE OF BEHAVIOUR AND AGREE TO ABIDE BY IT'S CONTENTS. I ALSO COMMIT TO COMPLETING THE ONLINE **TUSLA CHILDREN FIRST E-LEARNING PROGRAMME** AND FORWARDING CERTIFICATE OF COMPLETION TO BAND SECRETARY.

SIGNED: _____

DATE: _____