



FORM 6

Safeguarding Children - Employee Acceptance Form

I confirm that I adhere to the Dominican Child Safeguarding Policy and Procedures, and I am prepared to participate in any required training provided in this area.

Full name (print) _____

Signed _____

Date _____

I have never been investigated by any police force or statutory health authority or a previous employer in relation to complaints made concerning my treatment of children or young people.

I agree to the prior or superior, or the line manager or the Board of Management, or organisation seeking a certificate from the Garda Síochána or the PSNI to the effect that I have not been the subject of an investigation, prosecution or conviction relating to the neglect or the physical, emotional or sexual abuse of children.

Full name (print) _____

Signed _____

Date _____

NOTE - When signed, this form is to be placed in the employees personal file