



# **GSK INITIATIVE**

## **Safeguarding Policy and Procedure**

### **Declaration of Acceptance**

I have received and read in full the: \_\_\_\_\_

- **GSK Initiative Safeguarding Policy and Procedure**

I have discussed the contents with a staff member of the GSK Initiative (**the Program Officer**) and I agree to be bound by them.

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

**Position (plus programme/department):** \_\_\_\_\_

**Location:** \_\_\_\_\_

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

**Signature:** \_\_\_\_\_

### **To be completed by Program Officer**

I have discussed the contents of the: \_\_\_\_\_

- **GSK Initiative Safeguarding Policy and Procedure with the above-named. He/she has indicated his/her agreement to be bound by them.**

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

**Position (plus programme/department):** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Date of discussion:** \_\_\_\_\_

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

**Signature:** \_\_\_\_\_