

Chaplaincy Safeguarding Policy Statement addendum

01

**Chaplaincy
information**

Name of Chaplaincy

Date Adopted/Reaffirmed
by Chaplaincy Council

02

Amendments

The Chaplaincy Safeguarding Policy Statement is amended as follows:

Please include reasons for the amendment(s)

**Authorisation
of the request
for exemption**

Chaplain name

Signature

Date (DD/MM/YYYY)

Chaplain name

Signature

Date (DD/MM/YYYY)

Chaplain name

Signature

Date (DD/MM/YYYY)