|  |
| --- |
| **CHAPLAINCY SAFEGUARDING POLICY STATEMENT****ADDENDUM** |

|  |  |
| --- | --- |
| **Chaplaincy Name** |  |
| **Date Adopted/Reaffirmed by Chaplaincy Council** |  |

|  |
| --- |
| **Addendum**  |
| **The Chaplaincy Safeguarding Policy Statement is amended as follows:***Please include reasons for the amendment(s)* |

|  |
| --- |
| **Authorisation of the Request for Exemption** |
| **Signature:****Chaplain** | **Date:** |
| **Signature:****Churchwarden** | **Date:** |
| **Signature:****Churchwarden** | **Date:** |