**Confidentiality Policy**

 **Declaration Agreement for Members of
Southam Community Support Group**

I confirm that I have read and understood the “**Confidentiality Policy for Volunteers**” for Southam Community Support Group members and have a copy of the document “**Guidelines for Volunteers – Confidentiality”.**

I also confirm that I understand my responsibility to report any safeguarding issue to the Safeguarding Officer.

I undertake to always be aware of the nature and importance of confidentiality and understand that the consequence of any breach by me may mean the termination of my membership of the Southam Community Support Group.

I also give my consent for my personal details (name, address, email, telephone number) to be shared with fellow members of the Southam Community Support Group.

**Dated: Signature:**

**FIRST NAME (PRINTED) LAST NAME (PRINTED)**

**……………………………………………………………. …………………………………………………………..**