**St. Giles Parish Church & Centre, Pontefract**

**COMPLIANCE FORM**

The person responsible for your Group/Organisation when using the Church Building should please complete and sign this Form and return it to: *The Bookings Manager, St Giles Centre Management Committee.*

*Name of Group/Organisation: …………………………..*

*Name of Person Responsible: …………………………………*

*Contact Details:*

 *Telephone: ……………………………….*

 *Mobile: …………………………………..*

 *E-Mail:*  ………………………………………

On behalf of the above Group/Organisation, I confirm that I have read and understand the following documents: -

* Diocesan Safeguarding Policy
* St Giles Church Safety Leaflet
* St Giles Church risk assessment
* St Giles Church Health & Safety Policy
* Lettings Policy/Terms and Conditions

and that the Group/Organisation will comply with the requirements of these documents and subsequent updates.

*Signed: …………………………...*

*(Print Name): ……………………..*

*Date: ……………………*

Form: Compliance22/March 2022