

Policy Acknowledgment Form

Organization: _____ (the Organization).

Policy: _____ (title), version _____, dated _____ (the Policy).

Role of the person signing: _____ (employee, contractor, volunteer or member).

By signing below, I confirm the following.

1. Receipt

I have received a copy of the Policy, or I have been given access to it at _____ (location or web address).

If the Policy is attached to this form, the attached text is the version I am confirming.

I understand that the Policy applies to me from _____ (effective date).

2. Reading the Policy

I have read the Policy and had enough time to do so before signing. I had the opportunity to ask questions about it, and I know I can contact _____ (name or role, and contact details) if any part of it is unclear to me.

3. Following the Policy

I agree to follow the Policy while I work for, provide services to, or am a member of the Organization.

I understand that breaking the Policy may lead to the consequences described in the Policy or in my agreement with the Organization.

4. Reporting concerns

If I become aware of a breach of the Policy, I will report it to _____ or through the channel described in the Policy.

5. Changes to the Policy

The Organization may update the Policy. It will tell me about changes that affect me and keep the current version available at the location above. I may be asked to confirm a new version. Changes apply from the date stated in the updated Policy.

6. Relationship to other terms

This acknowledgment is not an employment contract or a membership agreement. By itself it does not change any existing agreement between me and the Organization.

7. Personal data

The Organization will use the details in this form and the record of my signature only to keep track of who has confirmed the Policy, and will handle them as described in its privacy notice at _____.

8. Records

The Organization may keep this signed form with my personnel, contractor or membership records for as long as it needs to show that I received the Policy.

I may ask the Organization for a copy of the Policy and of this signed form.

Signature

Full name

Date