

## Acceptance Form to the AVSI Child Safeguarding Policy

(i) The AVSI Child Safeguarding Policy signed for and on behalf of AVSI Foundation:



Name: GIAMPAOLO SILVESTRI

Designation: SECRETARY GENERAL

(ii) Signed by AVSI Consultant/Supplier

The undersigned legal representative of (*name of the organization and full details - stamp or simply name, surname and contact details in case of individual*)

---

hereby apply my signature to, irrevocably and unconditionally agree to the terms and conditions set out in the AVSI Child Safeguarding Policy

<https://www.avsi.org/en/policies-and-guidelines>

which I have read, understood and I commit to respect.

Signature \_\_\_\_\_

Date \_\_\_\_\_