**INTERNAL POLICY SIGN OFF**

This form is to acknowledge that I, (insert name) have read and understood Holistic Approach Family Day Care Scheme Internal policies, procedures and forms and agree to abide by each as required.

All Internal Policies, Procedures and Forms that are updated from herein (after the date on this letter) I acknowledge will be sent to me for signing if applicable.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

All Policies and Procedures both Internal and Otherwise are accessible on the HAFDC website - please ensure you have accessed such policies and procedures prior to signing to ensure you are aware and agree to this document