



An Associated College of  
Trinity College Dublin, the University of Dublin

## MIE CHILD PROTECTION AND SAFEGUARDING

I, \_\_\_\_\_ (student name) am familiar with the MIE  
Child Protection and Safeguarding Policy. I am aware of

- (i) \_\_\_\_\_ (name of school)  
policies relating to child protection,
- (ii) the procedure for reporting concerns about Safeguarding Children during my placement,
- (iii) the Designated Liaison Person (DLP) \_\_\_\_\_  
(name of school) to whom these concerns should be reported.

I wish to confirm to the Board of Management of \_\_\_\_\_  
(name of school) that I will adhere to the Child Protection and Safeguarding policy of the school.

**Signed:** \_\_\_\_\_

**Dated:** \_\_\_\_\_

*A copy of this completed form should be retained in the student's folder and a second copy given to  
the Principal of the School.*