

I, _____
First name Last name

as authorised representative of:

Organisation

agree that in the course of our cooperation with the Austrian Leprosy Relief Association (ALRA) our organisation will respect the rights of the children as laid down in the UN Convention on the Rights of the Child.

I have read and understand ALRA's Child Protection Policy and ALRA's Child Protection Code of Conduct.

Please mark [x] at least one of the following fields:

- | | |
|--------------------------|---|
| <input type="checkbox"/> | I confirm that our organisation has a child protection policy and a child protection code of conduct in place. I will share the relevant documents with ALRA. |
| <input type="checkbox"/> | I confirm that we intend to develop a child protection policy. Information about activities in this field shall be an integral part of our reporting. |
| <input type="checkbox"/> | I confirm that we are willing to participate in ALRA's training sessions on child protection. |

I declare my commitment to use common sense and avoid actions or behaviour that are abusive or exploitative of children or young people.

I understand that a breach of ALRA's Child Protection Policy and Code of Conduct may provide grounds for the withdrawal of ALRA funding.

I also understand that a breach of ALRA's Child Protection Policy could result in criminal prosecution.

Signature: _____

Date and place: _____