SAFEGUARDING LETTER OF ASSURANCE August 2025



Name of organization:

From lead contact: NAME (must be the same person who signs this letter)

To Peter Clark, Swindon Music Service

As lead contact for this organisation / co-operative, I confirm that I have overall responsibility for:

- ensuring that we follow all guidance provided by schools and any other settings we work in
- obtaining all relevant checks for all staff and volunteers employed by me/ my organisation and ensuring that these are kept up to date.
- 1. I confirm that the following people will be working with, or on our behalf during academic year Sept 2025-Aug 26, and if this changes during this time I will provide you with an updated version of this letter.

Please list names here:

Note: if a person uses a professional name for teaching please give their legal name first, followed by their professional / trading name in brackets

- 2. I confirm that I have carried out all the following checks for all the people named in 1. above and if required can provide written evidence of the dates these checks took place
- Identity check
- Address check
- Enhanced DBS disclosure with children's barred list check
- Right to work in the UK
- Prohibition from teaching check, where applicable (ie for Qualified Teacher Status holders)
- Overseas check, where applicable
- 3. I confirm that I have obtained written professional references for all the people named in 1. above which confirms their suitability to work in the role I am employing them.
- 4. I confirm that myself and all the people named in 1. above are covered by Public Liability Insurance

- 5. I confirm that myself and all the people named in 1. above are required to update our safeguarding and child protection knowledge and understanding at least every three years and if required can provide evidence of how and when we do this.
- 6. Declaration: this relates to you and the people named in 1. above

Has anyo	ne who works for, with, or on behalf of your organisation or Co-operative:	
	een reported to any children's services department or to the police as being a sk or potential risk to children?	Yes / No
	een the subject of any disciplinary investigation and/or sanction by any ganisation due to concerns about their behaviour towards children?	Yes / No
eı	ver been the subject of disciplinary sanctions or been asked to leave mployment or voluntary activity due to inappropriate behaviour towards nildren?	Yes/No
- h	ave any unspent convictions or conditional cautions?	Yes/No
Confirma	tion of declaration	
Confirma Yes/no	I agree that the information provided here may be processed in connection wit assurance procedures required to maintain my Associate Provider status with V Connect and I understand that my Associate status may be suspended or termi	Wiltshire Music nated and further
	action may be taken if information is not disclosed by me and subsequently comes to the attention of Wiltshire Music Connect.	
Yes/no	I agree to inform Wiltshire Music Connect within 24 hours if my organisation is investigated by any agency or organisation in relation to concerns about behaviour towards children or young people.	
Yes/no	I understand that the information I have provided, the results of any DBS update and barred list checks, and information supplied by third parties may be supplied by Wiltshire Music Connect to other persons or organisations in circumstances where this is considered necessary to safeguard children.	

Yours sincerely,

Name Signature*

Date

*A typed / digital signature is acceptable if this letter is sent to Swindon Music Service by you from your own personal email address, not a generic or shared address that others may have access to. If not, this should be a digitised copy of a manually signed letter (eg scan / photo) which must be emailed.