[Company name]

How to use this document: delete this paragraph before saving, sharing, or circulating it. Every part shown in blue is yours to replace: type your own details over each blue [field] until no blue remains. Then select all (Ctrl+A) and set the font colour to the same dark colour throughout. What is left is your finished document.

Policy Acknowledgement Form

A signed record that a person has received, read, and understood the policies listed, with an understanding check, a training record, and a sign-off.

Organisation: _____ **Department or team:** _____

Full name of the person signing: _____ **Job title:** _____

Manager: _____ **Date of this acknowledgement:** _____

1. Policies received. Tick the box for each policy received. Give one row per policy, with the exact title and version as issued. Do not sign for a policy not received, or for a version that has been superseded.

Received	Policy title	Version	Date issued	Copy received in
[ ]	[Title of the policy]	[Version of the policy]	[Date the policy was issued]	[Format in which the copy was received]
[ ]	[Title of the policy]	[Version of the policy]	[Date the policy was issued]	[Format in which the copy was received]
[ ]	[Title of the policy]	[Version of the policy]	[Date the policy was issued]	[Format in which the copy was received]
[ ]	[Title of the policy]	[Version of the policy]	[Date the policy was issued]	[Format in which the copy was received]
[ ]	[Title of the policy]	[Version of the policy]	[Date the policy was issued]	[Format in which the copy was received]
[ ]	[Title of the policy]	[Version of the policy]	[Date the policy was issued]	[Format in which the copy was received]

2. Acknowledgement statement. 1. I have received a copy of each policy ticked in section 1, in the version stated there.
2. I have read each policy, or had it explained to me in a language and format I understand, and I understand my obligations under it.
3. Questions about any policy can be raised with [Full name of the manager], and a copy of each policy is available to me at [Location where copies of the policies are kept].
4. I agree to comply with each policy listed; failure to comply may lead to disciplinary action, subject to the organisation's disciplinary procedure.
5. Policies may be updated; I will be notified of updates that affect my role, and may be asked to sign a fresh acknowledgement when a policy changes materially.

3. Understanding check. Tick each box only if the statement is true. If any box cannot be ticked, raise it with [Full name of the manager] before signing, and record the outcome below.

[ ] I know where to find the current version of each policy listed.
[ ] I know who to ask if I am unsure what a policy requires in a particular situation.
[ ] I know how to report a concern, breach, or suspected breach under the relevant policy.
[ ] I understand what happens if a policy is not followed, in general terms.
[ ] I have had the opportunity to ask questions, and my questions have been answered.

Questions raised, if any: _____
Outcome or answer given: _____

4. Training linked to the policies. Record any briefing or training given for the policies listed. Leave blank only where none was provided, and state that in the first row if so.

Training or briefing title	Date given	Given by	Attended
[Title of the training or briefing]	[Date the training or briefing was given]	[Full name of the trainer or briefer]	[ ]
[Title of the training or briefing]	[Date the training or briefing was given]	[Full name of the trainer or briefer]	[ ]
[Title of the training or briefing]	[Date the training or briefing was given]	[Full name of the trainer or briefer]	[ ]

5. Re-acknowledgement. A fresh acknowledgement is due on [Date the next acknowledgement is due], or earlier if a listed policy changes materially or the person's role changes so that different policies apply. The manager issues the fresh acknowledgement and files it with this form.

Signed by the person acknowledging
Signature: _____
Full name: _____
Role or job title: _____
Date of signing: _____

Countersigned by the manager
Signature: _____
Full name: _____
Role or job title: _____
Date of signing: _____

Office use. Filed by: _____ **Date filed:** _____
Where filed: _____ **Next acknowledgement due:** _____