

Online Sexual Misconduct Policy Training Acknowledgment Form

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Name	
(print type or print name)	(clergy/employee/volunteer)
Date training completed:	
Please initial beside each statement to ve	erify your concurrence with it:
I hereby acknowledge receip Diocese of Toronto.	ot of a copy of the Sexual Misconduct Policy of the Anglican
I understand the contents of Toronto.	of the Sexual Misconduct Policy of the Anglican Diocese of
	on as an ordained or lay person in ministry implies that the ith responsibility to act for the well-being of others.
±	the online Sexual Misconduct Policy Training myself. I this course, read and understood the training.
· · · · · · · · · · · · · · · · · · ·	esponsibility as an ordained person in the Anglican Diocese of licy and procedures in accordance with the training.
<u> </u>	ne training, materials presented or the policy and procedures, I ibility to seek clarification from the Canon Pastor or the Diocesan ent.
	a false statement on this certification, my appointment may be my licence for ordained ministry suspended under Canon 22.
If you are not able to check all of these boxed department for alternative training methods.	es for any reason, please contact the Diocesan Human Resources
Signature	Date
☐ Acknowledgment of digital signature digital representation of my initials and s	e: By checking this box, I acknowledge that I understand this is a signature.
•	signed copy of this form and ensure that the Diocesan Human esse requires this form in order to verify that you have fulfilled the

All clergy, lay staff, and volunteers serving in medium or high risk ministries are expected to comply with the Diocese of Toronto's Sexual Misconduct Policy. This signed form will be placed in the named person's personnel file or other suitable file if there is no personnel file. It will remain in the file for an indefinite period of time.

requirements of Sexual Misconduct Policy training.