**Domestic Abuse Workplace Scheme**

**SIGN ME UP**

|  |  |
| --- | --- |
| **Name:** | **Tel.** |
| **Organisation:** | **Mobile:** |
| **Role:** | **Email:** |
| **Where did you hear about the scheme?** | **Number of Employees in organisation?** |

**The organisation agrees to:**

* Adopt and implement the Scheme’s full Domestic Abuse Policy
* Identify an appropriate employee in a senior position to be the organisations ‘Scheme Contact’
* Promote the scheme and role of Domestic Abuse Workplace Champion within the organisation
* Support and encourage employee(s) who want to become Domestic Abuse Workplace Champion(s) ensuring they have the time needed to complete specialist training and carry out the role
* Create a safe and secure working environment with safe spaces where employees can talk in confidence ensuring an appropriate, safe and effective response to anyone affected by domestic abuse
* Commit to enhancing the overall level of awareness and knowledge in relation to domestic abuse within the organisation

**The Scheme agrees to provide the organisation with:**

* A toolkit including; a domestic abuse policy, employers guidance and promotional materials
* On-going support and guidance from the Domestic Abuse Workplace Scheme Coordinator
* An opportunity to ensure employers duty of care legal requirements are met
* A way to improve mental, physical health, morale and wellbeing of employees
* A way to increase productivity and reduce absenteeism

I have read and understand the above 

I agree for my organisation’s name and logo to be used in promoting and publicising the scheme 

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Many thanks for completing this form and signing up to the Domestic Abuse Workplace Scheme**

The Scheme Coordinator will contact you to arrange a meeting to complete the process

**To be completed by Domestic Abuse Workplace Scheme Coordinator:**

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| **Date form received:** | **Date Applicant contacted:** | **Date of initial meeting:** |