**Introduction**

As a visitor / contractor to **[insert schools name]** you may be given access to school devices or networks in order to aid the provision of your services or your support to pupils and staff of the school. You are required to sign this document prior to accessing the school systems.

All visitors to school are expected to abide by relevant school policies. Special consideration should be given to the following:

* Data Protection Policy
* IT Security Policy
* Acceptable Use Policy
* Bring Your Own Device (BYOD) Policy
* Online Safety Policy.

**Agreement Statements**

1. Any observations, incidents, or conversations taking place during my time in school will be kept confidential.
2. I understand that it is my responsibility to support the safeguarding of pupils and other staff. If I have any Child Protection or Safeguarding concerns, or if I am asked to do something, or see something I consider not best practice, I will report this to **[insert relevant staff member / role].**
3. I understand the importance of upholding my online reputation, my professional reputation, and that of the school, and I will do nothing to impair either. I will conduct myself in a professional manner, including professional dress and using appropriate language at all times.
4. I will never attempt to arrange any meeting, including tutoring session, without the full prior knowledge and approval of the school. I will not contact or attempt to contact any pupil in any way other than school-approved and school-monitored ways.
5. I will not store school-related data on personal devices, storage, or cloud platforms.
6. I will not access, attempt to access, store, or share any data which I do not have express permission for.

1. I will not share any information about the school or members of its community, including verbally, electronically, or via social media that I gain as a result of my visit in any way, or on any platform, except where relevant to the purpose of my visit and agreed in advance with the school.
2. I will not take photographs or videos whilst on site, unless the intent has been communicated to senior leaders and the purpose has been deemed appropriate and prior permission has been granted. (e.g. to take photos of equipment or buildings)
3. I understand that school systems and users are protected by security, monitoring, and filtering services, and that my use of school devices and systems can be monitored/captured/viewed by the relevant authorised staff members.
4. When using school-owned devices, networks, cloud platforms or other technology, I will use them exclusively for the purposes to which they have been assigned to me, and not for any personal use. I will not attempt to bypass security or monitoring, and will look after devices I have been given authorised use of.
5. When using my own devices on school premises or accessing school systems / platforms, I will ensure I take appropriate steps to safeguard and secure my device.
6. USB sticks / pen drives are not authorised unless permission has been sought from **[insert staff member] *(Remember these are a considerable security risk from outside your network.)***
7. I will report any suspected security incidents, notifications, or security alerts from antivirus systems, firewalls, or malware protection, promptly, to **[insert relevant staff member / role].**

**I understand that breach of this agreement may lead to appropriate immediate termination of any contracts and, when necessary, referral to other relevant authorities.**

**I have read, understood, and agree to the conditions of the acceptable use agreement for IT and the Internet of [insert school name].**

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

**Organisation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date / Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I approve this user to be allocated credentials for school systems for the purpose of:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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

Amend a complete list of systems the user has been given access to and the level of access provided.

Users should also be advised how to report and respond to suspected incidents.

**Key contacts to be provided to the user:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Role** | **Name** | **Email** | **Telephone** |
| Headteacher |  |  |  |
| Safeguarding Lead |  |  |  |
| Deputy Safeguarding Lead |  |  |  |
| Class Link |  |  |  |
| Administration Link |  |  |  |

**Template Visitor / Contractor Concern Form**

|  |  |
| --- | --- |
| **Part 1 - *to be completed by the person raising concern*** | |
| **Name of Visitor / Contractor** |  |
| **Date and time** |  |
| **Summary of concern and any known details**  *Concise, factual (if an opinion state it is)*  *Does it involve any individuals?*  *If so, do you know any names?* |  |
| **Any action taken so far:**  *Please include other staff members aware of the issue and any witnesses.* |  |
| **What type of concern is this?** | Safeguarding Concern   Security Incident   Unauthorised Use   Illegal Activity   Breach of policy  |
| **Please pass this concern form to the Headteacher.** | |
| **Part 2 – *to be completed by Headteacher*** | |
| **Date and time received:** | |
| **Outcomes and Actions**  *Record any contact with Action Fraud / Police Cyber Protection Officers / IT Provider etc.*  *(If this information is transferred to CPOMS / MyConcern or similar system, state this and add any reference)* | |

|  |  |
| --- | --- |
| **In the case of safeguarding concerns this record should be retained by the DSL.** | |
| **Part 3 – *to be completed by DSL*** | |
| **Date and time received:** | **DSL initial:** |
| **CP concern:** YES / NO | **Starting Point referral:** YES /NO |
| **Is this a concern under Prevent:** YES / NO | If YES: **Complete Prevent Risk Indicator Checklist** |
|  |  |
| **Further actions taken:**  *Record all strategies agreed including school based ones, and record an outcome including evidence of referrals/agreement with agencies.* | |
| **Have parents/carers been contacted?** YES / NO  *If you have not informed parents/carers justify here, as in all cases except where there is clear evidence of putting a child at immediate risk parents/carers should be contacted.* | |
| **Feedback to Referrer** *(tick box)* **Date closed:** | |