



Code of Conduct Policy Sign off Form

I, confirm that I have read and understood the Therapy Focus Code of Conduct Policy and will abide by it.

I understand that any alleged breach of the Code of Conduct Policy may see the procedures outlined in the Performance Management and/or other appropriate polices invoked against me.

I understand this may result in disciplinary action being taken.

Name: _____

Signature: _____

Date: _____

Position Title: _____

Once signed, please return this page to the Workforce Team. This will be placed on your Personnel file.