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| **BBHS Logo** BYOD AgreementE-Safety PolicyPlease complete, sign and return to the IT Support Office | |
| ***Name:*** | ***Position:*** |
| **Declaration**  You  must  read,  understand  and  sign  this  form  if  you  use  our  ICT  facilities  and  services. We  will  keep  the  completed  form  in  our  signed  declarations  file.    **Declaration**  I  confirm  that;  as  an  authorised  user  of  the  School’s  ICT  facilities, I  have  read,  understood  and  accepted  all of  the  conditions  in  the  E-Safety Policy and BYOD Policy. | |
| ***Signed:*** | ***Date:*** |
| ***Device Description:*** | ***MAC Address:*** |
| ***Notes:*** |  |