**Community Optometry Practice Declaration of Compliance**

**Name and Postal address of your organisation**

Name of Community Optometry Practice:

Health Board:

Trading Name:

Address:

Postcode:

**Name of person responsible for this declaration**

Position:

Telephone number:

Email:

**Name of person responsible for security**

Name:

Telephone number:

Email:

Name of main Optometry System Supplier:

**Declaration**

I have read and understood and agree to comply with the foregoing Code and Practice containing the **SWAN** Acceptable use Policy and **SWAN** Security Policy for Community Optometry Practices.

Named Individual:

Countersignature of person responsible for security:

Date: