

TEMPLATE CONFIDENTIALITY AGREEMENT

(NAME OF SCHOOL REPRESENTATIVE BODY)

CONFIDENTIALITY AGREEMENT



ACKNOWLEDGEMENT OF CONFIDENTIALITY OF INFORMATION

I agree to treat as confidential all private information about students, families, staff and volunteers which I may be privy to in the course of my term with *(Name of School Representative Body)*.

I understand that it would be a breach of policy to disclose such information to anyone during my term on *(Name of School Representative Body)* or at any time after.

I will use information appropriately, respect confidentiality and use information for the purpose for which it was made available.

Signature of *(Name of School Representative Body)* Member

First Name

Surname

Date ____/____/____