[ORGANISATION LOGO HERE]

CONFIDENTIALITY AGREEMENT

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree with the following statements:

 (Please print student name)

1. I understand that I may come in contact with confidential information during my time at **[name of organisation].** As part of the condition of my work with **[name of organisation]** I hereby undertake to keep in strict confidence any information regarding any client, employee, or business of **[name of organisation],** or any other organization that comes to my attention while at **[name of organisation]**. I will do this in accordance with **[name of organisation]**’s privacy policy and applicable laws.
2. I also agree to never remove any confidential material of any kind from the premises of **[name of organisation]** unless authorized as part of my duties, or with the express permission or direction to do so from **[name of organisation].**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Print Placement Supervisor Name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature of Placement Supervisor)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature of Witness)

Dated this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_