Confidentiality Agreement

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

**I have read and understood PFIA’S Confidentiality Policy**

I understand that I may come in contact with confidential information during my time at PFIA. As part of the condition of my work with PFIA I hereby undertake to keep in strict confidence any information regarding any client, employee or business of PFIA or any other organisation that comes to my attention while at PFIA. I will do this in accordance with the PFIA confidentiality policy and applicable laws, including those that require mandatory reporting.

I also agree to never remove any confidential material of any kind from the premises of PFIA unless authorised as part of my duties, or with the express permission or direction to do so from PFIA.

(Print Staff Name)

(Signature of Staff)

(Date)