Confidentiality Agreement Form

**Position Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reference Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I understand that in the course of this Selection Process, I may have access to confidential information regarding the candidates and the University.

I accept the importance of confidentiality related to this process and undertake to regard any information obtained as strictly confidential. I will not discuss such information with anyone outside of the Selection Committee.

I understand the importance to ensure due process in the Committee’s deliberations and undertake not to bring to this discussion any comments that may be prejudicial to an applicant.

I declare that I have no personal interest with any applicant for this position nor do I have any such interest in the outcome of this selection process.

I understand that maintaining confidentiality is an essential condition of my employment and that a breach of that condition may lead to disciplinary action, which if sufficiently serious, may entitle the University to terminate my employment. *(Delete this paragraph if a non-employee).*

Name: ……………………………………………….…………………….……………………………….

Signed: ……………………………………………….…………………….……………………………….

Date: ……………………………………………….…………………….……………………………….