



Upper Great Southern Family Support Association Inc  
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### Confidentiality Agreement

I,....., understand the meaning of confidentiality, and undertake to respect the confidentiality of all information gained during my time with / Upper Great Southern Family Support Association Inc known as accessibility.

I will not divulge, without written authorisation, any information to any person either now or in the future.

I understand that this applies to all information relating to my work/involvement with / Upper Great Southern Family Support Association Inc known as accessibility

**Signature** ..... **Date** .....

**Full name**.....

**Address** .....

**Witness** ..... **Date** .....

**Full name** .....

**Address** .....

**Executive Officer**.....

Upper Great Southern Family Support Association Inc. / accessibility

**Signature**..... **Date**.....