

Student confidentiality agreement



This agreement concerns the work placement of	
Student name	
Business name	
Dates	From: To:

I understand that during this work placement I may have access to information that is private and confidential. I agree that I will not convey to any person outside the host employer's workplace, any knowledge or information of a confidential nature which is gained in the course of this work placement. I understand the seriousness of any breach of this confidentiality agreement. Failure to maintain confidentiality may result in the immediate termination of the work placement and possible legal action by the employer depending on the seriousness of the breach.

This agreement concerns is between:

Print employer name

Print student name

Employer signature

Student signature

Date

Date

Name & position of person to sign on behalf of employer

Emergency contact details:

Medical considerations / Allergies

Consent to Transport Student in Private Vehicle (for work offsite)

Print parent name

Parent signature