**CONFIDENTIALITY AGREEMENT**

During my involvement with the [insert research group/team name] project/s, I may come into contact with, or hear, confidential information (which I understand will be communicated to me as being of a confidential nature).

I understand that during the period of my involvement with [insert research group/team name] and after my involvement ends, all such information must be treated with strict confidence. In line with the Data Protection Act 2018, I must not remove, destroy, share or discuss any such information inappropriately unless specifically requested to do so by [insert research group/team name].

I also understand that all papers and records containing confidential information must not be left in a way that unauthorised persons can obtain access to them and that they must be kept secure when not in use.

I understand that [insert research group/team name] will keep my personal information secure and confidential at all times.

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Name of Person consenting Signature Date

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

Name of [insert research Signature Date

group/team name]