Declaration of confidentiality

This is to certify that I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, as an employee, volunteer, temporary consultant or Board member of Norwegian People’s Aid, understand that any information (written, verbal or other form) obtained or disclosed during the performance of my duties must remain confidential.

This includes all information about members, clients, families, employees, projects and other associate organizations, as well as any other information otherwise marked or known to be confidential.

I understand that any unauthorized release or carelessness in the handling of this confidential information is considered a breach of the duty to maintain confidentiality.

I further understand that any breach of the duty to maintain confidentiality according to the signed declaration of confidentiality could be grounds for immediate dismissal, termination of contract and/or possible liability in any legal action arising from such breach.

The obligation of confidentiality does not cease by the end of the contract period, by termination or period of engagement with Norwegian People’s Aid, and the signatory can/will be held liable for any breach of confidentiality after final date of any engagement with Norwegian People’s Aid.

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

Date

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

Signature of Employee,

Consultant, Volunteer, Board member

<Add Name in printed letter>

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

Signature of Staff Witness

< Add Name in printed letter>