

OATH OF CONFIDENTIALITY – ASSOCIATE STAFF/TEMPORARY STAFF VISITING STUDENT/*

Full name:			
Current address:			
Permanent address:			
<p>I understand that during the course of my association with the University: i) I will have access to personal information about staff, students and others who work and study at the University and may also have contact with external third parties; and ii) that I may be given or have access to University information which is confidential or commercially sensitive. I understand that when processing any personal information as in i) above I am bound by the UK GDPR and the Data Protection Act 2018 (Data Protection legislation) and the University's obligations under these and in respect of ii) above I am bound by a duty of confidence to the University.</p> <p>As an Associate/Temporary staff member/visiting student* therefore I agree to:</p> <ul style="list-style-type: none"> • only ever access and process personal/confidential/commercially sensitive information in order to carry out the designated, agreed purposes for my association with the University • never disclose the information to any other members of the University community except those whom I have been informed are entitled to have access to it in order to carry out their authorised duties • never disclose any data to any individual or organisation external to the University other than strictly in accordance with Data Protection legislation and/or with the University's express written permission • adhere to the obligations set out above and below during the time of my association with the University and after this has ended <p>I understand further that:</p> <ul style="list-style-type: none"> • disclosure or processing of personal information outside these terms may only ever take place in consultation with my supervising/sponsoring member of staff and/or the Information Governance Manager. • I am bound by the University's Information Security and Manual Data Security policies and I must comply with University's Data Protection Policy and/or any other University policies and procedures to which I have been directed or of which I have been given a copy 			
Signed:		Date:	
Witness (supervising staff member)			
Name:			
Department:		Post:	
Signed:		Date:	

*delete as appropriate

The completed form is to be retained by the supervising/employing/sponsoring area for a period of 6 years from the date on which the association with the University ceases.