



School District 84 Vancouver Island West

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CONFIDENTIALITY AND NON-DISCLOSURE AGREEMENT – STAFF

This Confidentiality and Non-Disclosure Agreement is given to School District 84 (Vancouver Island West) in consideration of employment provided by School District 84 (Vancouver Island West).

I acknowledge that as part of my employment with School District 84 (Vancouver Island West), I will be given access to information that is of a personal and/or confidential nature; e.g. personal information* related to staff and students, such as but not limited to, names, email addresses, salaries, academic, employment, and medical information – for the purpose of fulfilling employment obligations.

I therefore agree:

1. To hold all confidential information** in trust and strict confidence and agree that it shall be used only for the purposes required to fulfill employment obligations, and shall not be used for any other purpose, or disclosed to any third party.
2. To maintain the absolute confidentiality of personal and confidential information in recognition of the privacy rights of others at all times, and in both professional and social situations.
3. To comply with all privacy laws and regulations which apply to the collection, use and disclosure of personal information.
4. To take all reasonable security precautions to protect confidentiality and avoid disclosure of personal and confidential information. Without limiting the foregoing, the Employee shall take at least those measures that the Employee takes to protect its own most highly confidential information.

I understand that a breach of confidentiality or misuse of information could result in disciplinary action up to and including termination of employment.

I understand that this undertaking survives the termination of my employment relationship with School District 84.

I fully understand and accept responsibilities set above relating to personal and/or confidential information.

Employee Name (Printed): _____

Employee Signature: _____ Date: _____

Witness Name (Printed): _____

Witness Signature: _____ Date: _____

***Personal Information** is any information about an “identifiable individual”.

** **Confidential Information** is any information which is designated by School District 84 (Vancouver Island West) as confidential.

***In partnership with our diverse communities, School District 84
will provide all students with a quality education
relevant to the demands of a modern society.***