CONFIDENTIALITY FORM

Volunteers are required to protect all confidential information concerning patients/clients, and the circumstances under which disclosure can be made.

All volunteers are required to observe the strictest confidence with regard to any patient, client or personal information that they may have access to, or accidentally gain knowledge of, in the course of their duties.

Volunteers are required to observe the strictest confidence regarding any information relating to the work of the Trust and its employees.

Failure to comply with these requirements could result in the volunteering opportunity being withdrawn.

Volunteer Name: ............................................................

Signature: .................................................................

Date: .................................................................