## Confidentiality agreement for public contributors

**Project name:**

**Research Centre/group:**

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|  |  | Please initial |
| 1 | I understand that the information I receive during this research project is confidential. I will only share it with authorised individuals and will not use it for personal gain or business purposes. |  |
| 2 | I will protect the organisation and its sensitive data. If I have access to confidential information, I understand I have a legal duty to keep it private under the General Data Protection Regulations (2018). |  |
| 3 | I understand that my involvement in this research project is voluntary, and I have the right to withdraw at any time but that I will continue to be bound by this signed confidentiality agreement. |  |
|  | NAME:SIGNATURE: | DATE: |

Please return this signed form (electronic signature is fine) to xxxxx, who will securely store this form.