
DECLARATION OF CONFIDENTIALITY

I, _____ hereby acknowledge that as an [Employee/Instructor], working on behalf of [Contract Holder for Workplace Education Initiative (WEI) Training] I will be entrusted with private, confidential information collected on behalf of and for the benefit of the Province of Nova Scotia (NS) and the Federal Government of Canada. "Confidential Information" means material and information, including information technology related documents and personal information as defined in the *Freedom of Information and Protection of Privacy Act (Nova Scotia)*.

I agree to keep confidential all Confidential Information collected, provided or reviewed by me while carrying out my duties on behalf of [WEI Contract Holder]; in accordance with the *Workplace Education Initiative (WEI) Service Registration: The Collection, Input and Disposal of WEI Participant Personal Information* policy and obligations under the WEI Training service agreement(s). I will not use any Confidential Information for any purpose and will not disclose any Confidential Information except as required by the Province of NS to comply with the *Canada- Nova Scotia Workforce Development Agreement (WDA)*.

I hereby undertake not to divulge any of the Confidential Information or discuss it at any time or any place, either during the term of my providing the services or after, other than for the purpose of execution of the WEI Contract between the Province of NS and [WEI Contract Holder]. I understand and agree with the necessity of maintaining complete confidentiality over the Confidential Information.

I agree to be responsible for any breach of the undertaking set out in this declaration and agree to immediately notify my supervisor and/or contact the WEI Contract Holder and the Department of Labour, Skills and Immigration should any breach occur. I also agree that this declaration of confidentiality and the undertakings in it will survive the expiration or termination of my employment and/or involvement with [WEI Contract Holder] and continue to be binding on me.

DATED at [City, town], _____

Print Name

Signature

WEI Contract Holder Representative:

Print Name

Organization

Signature