

## CONFIDENTIALITY AGREEMENT

As a condition of my placement with [Name of Organization] I, \_\_\_\_\_, agree as follows:

1. In the course of my placement with [Name of Organization] I may be in receipt of confidential information, including without limitation, information of or relating to [Name of Organization] finances, business, purchasing information and related information, employees or other information regarding or relating to [Name of Organization] and its operations (collectively "Confidential Information"). I agree to keep confidential and not to disclose or communicate directly or indirectly to anyone during my placement or thereafter, any such Confidential Information, without the prior express permission of [Name of Organization].
2. I acknowledge and agree that all Confidential Information remains [Name of Organization] sole and exclusive property.
3. I shall promptly return to [Name of Organization] all confidential information at the completion of my placement.
4. The terms of this Agreement shall continue for a period of two (2) years from the date of this Agreement.
5. This Agreement shall be governed by the laws of the Province of Ontario.

I acknowledge that I have read, understood and agree to the above terms.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date