

**Confidentiality Agreement**

**Non-participants in Human Research (e.g. translators, transcription services, actors)**

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| **1.0 Project Details** | |
| **Project Title** | [INSERT Project Title] |
| **HC Number** | [INSERT HC Number] |
| **Date** | [INSERT date] |

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| **2.0 Confidentiality Agreement Details** | |
| **Chief Investigator** | [INSERT Chief Investigator’s name] |
| **Recipient** | [INSERT name of person receiving confidential research material] |
| **Disclosed Information** | [INSERT specific information that may be disclosed, such as interview recordings] |
| **Purpose** | [INSERT description of the purpose for which the Recipient may use the Discloser’s Confidential Information, e.g., to provide translation or transcription services] |
| **Commencement Date** | [INSERT date] |

**Transcription of audio/video recordings**

* I understand that I am being asked to transcribe audio/video recordings relating to the above research project.

**Translation services**

* I understand that I am being asked to provide translation services for a participant of the above research.

**Other - detail the nature of the service being provided in the space below**

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**By signing the agreement below I agree to:**

* Maintain full confidentiality of all research data received from the research team related to this research study.
* Hold in strictest confidence the identity of any individual that may be revealed during the [insert access person will have to the data, e.g., translation/transcription of data collection instruments, data collection, etc.).
* That I will not make copies of any audio-recordings, video-recordings, or other research data, unless specifically requested to do so by the researcher.
* That I will not provide the research data to any third parties without the research team’s consent.
* Store all study-related data in a safe, secure location while in my possession. All video and audio recordings will be stored in an encrypted format.
* Return all data provided or created for purposes of this agreement, including any back-up records, to the research team or permanently deleted, pursuant to the instructions of the research team.
* I understand that University of New South Wales has the right to take legal action against any breach of confidentiality that occurs in my handling of the research data.

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| **3.0 Confirmation** | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Chief Investigator  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Print Name  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Position, Organisation  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of Signing | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Recipient  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Print Name  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Position, Organisation  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of Signing |