



## Declaration of Confidentiality

I \_\_\_\_\_ (Name) of

\_\_\_\_\_ (Organisation)

have a legal obligation to make a declaration of confidentiality due to my role in the organisation in the following capacity:

- Employee
- Elected official
- Other (specify) \_\_\_\_\_

I acknowledge and understand that:

1. First National Advocates Against Family Violence (“FNAAFV”) is a PEAK body that is the leading national voice in family violence affecting First Nations people, effectively advocating for reforms and working collaboratively with our members and partners to support the delivery of culturally sensitive, self-driven and holistic solutions that foster healing, resilience, and safety.
2. Employees are legally bound to maintain confidentiality in relation to FNAAFV information at all times.
3. An employee who breaches confidentiality in relation to organizational and member information may be summarily dismissed.
4. An elected official who breaches confidentiality in relation to organizational and member information may be summarily terminated as an elected official on the Governing Committee of the organisation.

I undertake:

1. To treat all organizational and member information as confidential, subject to any legal obligations arising from the application of state and Commonwealth laws.
2. To obtain the written permission of the organization and/or member service prior to passing such information on to a person, agency or group outside of the Unit.
3. To use all organizational and member service information solely for the benefit of the organization and/or member service.
4. To discuss and maintain all organizational and member service information in a confidential manner.
5. To uphold my undertaking to maintain confidentiality in relation to the organization and member service information after I have ceased employment or involvement on the Governing Committee of the organisation.



Possible consequences of wrongly disclosing client information:

- Obvious embarrassment
- Others may then misuse the information for their gain

As an elected official or employee of FNAAFV, I agree to abide by the Declaration of Confidentiality after the period of my election or employment has ceased.

**Name (print):** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Name of Witness (print):** \_\_\_\_\_

**Signature of Witness:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Date of commencement  
of employment:** \_\_\_\_\_

**Date of election  
(if elected official):** \_\_\_\_\_