

NON-DISCLOSURE AGREEMENT

for

Wentworth Primary School



APPROVED BY GOVERNORS May 2025

AGREEMENT TO BE REVIEWED May 2028

Non-Disclosure Agreement for System Access

I agree that:

- I will only access information which is relevant to the support I am providing to the school.
- I will abide by Data Protection legislation.
- I will protect the confidentiality of information whilst working on behalf of the school.
- I will not discuss my work for the school, or talk about staff or pupils on social media.
- I will not copy or replicate information relating to the school and remove it from school property.
- I will read and abide by the school's policies.
- I will complete any relevant induction training deemed by the School to be appropriate.
- I will immediately report any security breaches I become aware of to the school office.

Print name:	
Signature:	
Position:	
School:	
Date:	

Non-Disclosure Agreement for System Access

My role requires access to the system(s) noted below:

System Name(s):	
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This will provide access to data held and owned by the school.

I must maintain the security of such data and must comply with relevant legislation and guidance, including:

- [The Data Protection Act \(2018\)](#)
- [The General Data Protection Regulations \(2016\)](#)
- [The Computer Misuse Act \(1990\)](#)
- [The Freedom of Information Act \(2000\)](#)
- [The Environmental Information Regulation 2004](#)
- System Guidance (to be advised by the System Owner)

I understand that I must treat the information held within the system identified above with the strictest confidence and must not publish, copy, or otherwise disclose to others, or permit the use by others for their benefit or my own benefit to the detriment of any individual.

I acknowledge that I must only access information within the system identified above that is solely relevant to my work on behalf of the school.

I understand that breaches of this agreement will be investigated and may result in disciplinary action. Serious breaches may result in criminal prosecution.

Signed by the Applicant:

Print name:	
Signature:	
Position:	
School:	
Date:	

Approved on behalf of the School

Print name:	
Signature:	
Position:	
Date:	

You must complete this form before access is given to the requested System.