**Researcher Name**:

**Affiliation:**

**Email Address:**

**Telephone:**

**Date:**

CONFIDENTIALITY AGREEMENT

**Project Title:**

This form is for all researchers’ recording or editing image or sound data, transcribing, interpreting, translating, entering data, and for destroying data.

By signing below, I agree that I have read and fully understood the above agreement, and will follow all of the specified conditions outlined below:

I agree –

* not to reveal any information about what is contained in the audio recordings or the written transcripts.
* to keep all research information secure and return it to the researcher when I have completed the research tasks.
* not to disclose anything regarding the participants or the data collected in this study with anyone other than the research investigator/s.
* not to retain or copy any information about this project.

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: | Click here to enter text. | | |
| Date: | Choose an item. | Signature: | Click here to enter text. |