



## Non-Disclosure Agreement for non-Members

### 1 Recitals

This Non-Disclosure Agreement for non-Members (referred to as the “**NDA**”) details the basic confidentiality and non-disclosure obligations of a person who:

- (a) is not a member of the Samford Support Network inc of PO Box 591, Samford Village, QLD 4520 (ABN 56 920 563 020) (“**SSN**”); and
- (b) may be, or has been, exposed to confidential information of a member or client of the SSN.

### 2 The Parties

This NDA applies to the individual set out in Schedule 1 of this NDA (the “**non-Member Volunteer**” or “**you**”) who is associated with and/or involved in the activities or affairs of the SSN set out in Schedule 1 of this NDA (the “**Activity**”).

### 3 Confidential Information

Confidential Information includes information of which you become aware during the course of your activity with the SSN or through the performance of their duties, that you know, or ought reasonably to know, is confidential to the SSN, SSN Member, SSN Client or another person, or that is designated by the SSN or another person as confidential, including information from which a person receiving services from you or the SSN could be identified.

Confidential Information does not include information that is public knowledge or can be accessed by the public without breach of confidentiality.

### 4 Non-Disclosure

Other than required by law, all Confidential Information, in particular SSN Client information, is not be disclosed by you to any third party under any circumstances without the written consent of the SSN.

### 5 Consequences

Any disclosure, misuse, copying or transmitting of any material, data, or information, whether intentional or unintentional, will subject you to disciplinary action, prosecution, and/or monetary damages according to the procedures set by the SSN and any applicable laws.

### 6 Acknowledgment, Declaration and Undertaking

You acknowledge and agree that the obligations set out or referred to in this agreement apply to you during the performance of the Activity and continue in perpetuity after the Activity has ceased and survive any termination of this Agreement.

<b>SIGNED by the non-Member Volunteer named in Schedule 1:</b>	
Signature	Signature of witness:
Date:	Name of witness:

### Schedule 1 – non-Member Volunteer and Activity details:

Full name:		<b>Activity Details</b> <i>SSN to complete</i>
Organisation (if applicable)		
Home Address:		
Telephone:		
Email:		