



Directors: Ben Fitzgerald and Rosie Frost

KINDCODY Information Security Policy Affirmation

Intern Name:

Department:.....

I agree to take all reasonable precautions to assure that KINDCODY internal information, or information that has been entrusted to KINDCODY by third parties such as donors, will not be disclosed to unauthorised persons. At the end of my employment or contract with KINDCODY, I agree to return all information to which I have had access as a result of my position. I understand that I am not authorised to use sensitive information for my own purposes, nor am I at liberty to provide this information to third parties without the express written consent of the Director or the Treasurer who are the designated information owners.

I have access to a copy of the Information Security Policies, I have read and understand these policies, and I understand how it impacts my job. As a condition of continued employment, I agree to abide by the policies and other requirements found in the sections of the KINDCODY security policy that are relevant to me (Part 1: Staff information Security Policies). I understand that non-compliance will be cause for disciplinary action up to and including dismissal, and perhaps criminal and/or civil penalties.

I also agree to promptly report all violations or suspected violations of information security policies to the designated Information Security Officer.

Signature:

Date: