
Appendix 1 - Confidentiality Agreement for Program Director Selection Committee Members

University of Toronto Confidentiality Agreement for Program Director Selection Committee Members

Applicable to personal information to which the undersigned may have access to during the search and selection process for Program Directors at the University of Toronto.

Program: [INSERT PROGRAM NAME]

Whereas the **University of Toronto** is required to ensure the confidentiality of the personal information that it collects and holds;

Whereas I may have access to such information in the course of participating as a member of the Selection Committee for the above-noted Program Director position;

I, the undersigned, **[INSERT NAME]**

Undertake to safeguard the confidentiality of any personal information to which I may have access in the course of the selection process.

Specifically, I undertake:

1. to access only the information necessary to the performance of my duties as a Selection Committee member;
2. to use this information only in the course of my duties;
3. to adhere to Temerty Faculty of Medicine's directive that the use of social media information about a candidate is not recommended in the search and selection process;
4. not to disclose any personal information to which I may have access in the course of this process unless duly authorized to do so;
5. not to disclose any information related to candidate evaluations, discussions, deliberations, or decisions outside the Committee;
6. not to keep or compile any personal information;
7. not to keep any personal information at the conclusion of the process that I may have received or collected during the course of the selection process and to abide by the confidentiality requirements incumbent upon me concerning said personal information.
8. to declare any potential conflicts of interest involving the applicants or other individuals associated with the selection process, including faculty, staff, or learners connected to the program or University of Toronto.

Signed at: _____, **this** _____
LOCATION DATE



NAME

E-SIGNATURE