

SEGWEB CONFIDENTIALITY AGREEMENT

Declaration	
	can confirm that I am an afer Estates. I understand that the information discussed NTIAL and must not be disclosed to third parties.
	n I am agreeing to abide by the rules and legal Safer Estates process and information sharing protocol
I understand that any breach of the terms of this declaration and/or governance will result in my access to the SEGWEB system being revoked and that I may be requested to leave the Safer Estates group.	
Each partner will be accountable for the consequences of misuse of any of their supplied information. Any disclosure of information by an employee in bad faith or for personal gain will be treated as a serious matter and will be the subject of an inquiry and may be considered a breach of the Data Protection Act 1998.	
Officer Name (in full)	
Work Email	
Organisation	
Organisation Address	
	Post Code:
Please state below why you need access to SEGWEB (e.g. how your work relates to Anti-Social Behaviour)	
NB. Regardless of your membership, we only require one form.	
Signature:	Date:
Counter Signature:(By a Chair of a SEG, if Officer is a Ch	Date: air, then by SBP)