



<b>Policy name:</b> 1.05 (a) Statement of Confidentiality	<b>Effective date:</b> May 16, 2024
<b>Policy type:</b> Organizational	<b>Monitoring frequency:</b> 3 years
<b>Policy owner:</b> North Norfolk Board	<b>Revision history:</b>
<b>Who approves:</b> North Norfolk Board of Directors	<b>Next review date:</b> 2027

**Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_

I hereby declare that:

1. I have received a copy of the North Norfolk Foundation confidentiality policy.
2. I have read and understood said policy.
3. I agree to comply with said policy.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_