

Student Signature

## New Brunswick Indigenous Career College

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> "Your Training — Your Future, Soar to New Heights"

## Student Confidentiality, Non-Disclosure and Professional Practice Agreement

While on a practicum or engaged in a research project with industry (ex. workplace practicum, clinical, preceptorship, co-op placements), students are responsible for demonstrating professional behavior and attitude appropriate to the workplace; adhering to company or agency policies, acting in an ethical manner and demonstrating the required essential and occupational skills. As a student in the program, you are required to respect the confidentiality of company, client and/or patient information, interactions, and practices that occur either on the New Brunswick Community College premises or at an affiliated industry partner site. Concerns regarding clients, patients, and/or company practices are to be brought to the attention of the program coordinator, or designated supervisor so that they may be resolved collaboratively. Such concerns are not to be raised publicly either verbally, in writing, or in electronic forums. These matters are to be addressed through established program communication pathways. The student agrees that the information, data and research materials collected and prepared for work related projects and assignments are the property of the company/agency. Students must consult with the company/agency on the proprietary nature of any information used in their work-related projects or assignments. Written authorization by the company/agency is required for the release of proprietary information. Failure to comply with this agreement may result in academic, disciplinary or legal action up to and including termination from the practicum; suspension or termination from the program. My signature indicates that I have read and understand the Student Confidentiality, Non-Disclosure and Professional Practice Agreement, and agree to respect the confidentiality of company/patient/client information, and practicum practices. Student Name (Please Print) Student ID#

Date