

Alternative Fuel Systems Assessment and Certification Scheme (AFSACS) Agreement

Schedule 2 - Confidentiality Deed

This Schedule must be completed by each Associate Technician employed or contracted by the Approved Provider.

Confidentiality Deed for an Associate Technician given Access to Confidential Information

1. I acknowledge that in the course of my official duties for genuine and operational purposes I may be granted access to or use in information obtained by VicRoads that is of a personal nature about the person to whom it relates (Confidential Information).
2. I further acknowledge that I am familiar with the requirements of section 90 of the Road Safety Act 1986 and that I may be guilty of an offence if I use or disclose Confidential Information other than in accordance with that section.
3. I agree as follows:
 - (a) I will only access and use Confidential Information to the extent that it is necessary for genuine and operational reasons in the performance of my official duties;
 - (b) I will not disclose Confidential Information to any person (other than to another employee who requires the information to carry out his or her official duties);
 - (c) I will do everything I can to prevent other people from accessing the Confidential Information. I will not leave Confidential Information, or copies or records of it, in any place where it is accessible by others; and
 - (d) I will notify my employer and VicRoads as soon as I become aware of any threat to the confidentiality or security of Confidential Information. I will cooperate with my employer and with VicRoads in any action either of them takes to protect that confidentiality or security.
4. If I am given a user access code or password to enable me to access the Information:
 - (a) I will not give the user access code or password to anyone;
 - (b) I will not write it down anywhere;
 - (c) I will make sure I log off from any application through which I have access to Confidential Information when I am not using the Protected Information; and
 - (d) I will make sure my user access code or password is de-activated when I no longer need access to the information.

Signature:	Date: / /
Name of Associate technician:	
Employer Name	