

Confidentiality Waiver and Information Requirement

AG4-CW

ACCREDITATION FOR XXX

- A. The Organisation agrees to the provision of information by INAB to the national authority identified below, for the purposes of the accreditation scheme listed.

Should the agreement change, a new confidentiality waiver shall be required.

<u>INAB</u>		
Name	Position in INAB	Date
Dr Adrienne Duff	Programme Manager	From date of client signature

<u>Agreement</u>		
Parties	Scheme	Agreement Reference

<u>INAB Client</u>		
Name of Person with Authority to Commit to the Confidentiality Waiver	Position in Organisation	Date
Witnessed By	Position in Organisation	Date

Please sign and return to adrienne.duff@inab.ie

{insert relevant detail here}