



# The University of Sydney

## The University of Sydney Medical Program/Bachelor of Dentistry Program

### 2009 MMI INTERVIEWER CONFIDENTIALITY AGREEMENT

I agree to treat as confidential any information (whether oral or written) which is given to me, or of which I become aware, and which is not available publicly, in connection with the selection of students for the University of Sydney Medical Program (USydMP) in the Faculty of Medicine and Bachelor of Dentistry Program (BDent) in the Faculty of Dentistry at the University of Sydney.

I do not have a family member or other relative or personal friend applying for the USydMP or BDent in 2009 for admission in 2010.

I agree to make known to the Admissions Office of the Faculty of Medicine or the Faculty of Dentistry, any possible conflict of interest that may arise in connection with interviewing any applicants, as soon as I become aware of any such circumstances. There will be instances where I will know or know of an applicant. This does not necessarily exclude me; however, I will make the issue known to the Admissions Office.

I agree that I cannot be considered for admission to the USydMP or BDent within the next two years.

I agree to return to the Admissions Office of the Faculty of Medicine or the Faculty of Dentistry any documents in my possession for the purpose of the selection interview process immediately after that process is complete.

Name: ..... (Please print)

Signature: ..... Date: .....