

# 2021 REGIONAL OFFICER SIGN-UP FORM

**PFS Region:**

 **Officer Name: Date of Birth: / /**

(You may nominate

yourself)

**For the 2021 committee position** *(Please tick appropriate box):*

*Block Capitals Please*

**Chair**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Membership Officer** |  | **Professional Qualifications Officer** |  | **Chartered Champion** |  | **New Professionals Officer** |  |

**Committee Support Officer**

**SMP
Advocate**

**Education Outreach Ambassador\***

**Volunteer Seconder**

**Alison Tilzey**

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| **Name: Signature: PFS PIN:** |  | **Name: Signature: PFS PIN:** |
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**Alison Tilzey**

 **001698674L**

**Declaration**:

## I shall fulfil my responsibilities in accordance with the ethics of the Society and in the best interest of its members. I further agree that during and after holding a committee position with the Society I shall be bound by the following:

All communications, correspondence, reports, papers, and documents relating to any aspect of the Association, including any information pertaining to members in whatever format held, will be privileged and confidential. These shall not pass out of custody of the proper member of staff or the committees save on the express authority of the Board of Directors or authorised member of the PFS staff as recorded in the minutes except in so far as the same may be disclosed in the ordinary course of the business of the Association. The principles of the Data Protection Act and GDPR are to be adhered to.

## I understand any breach of the above agreement may result in disciplinary measures being taken by the Board of Directors of the PFS. Serious breaches could result in removal from Office and possible subsequent termination of membership.

I confirm that I hold full (paid-up) membership of the Personal Finance Society.

**PFS**

**Nominee Signature:**

**Name: Address: Email:**

**Professional Qualification(s):**

**Telephone number (w/m):**

 **PIN:**

This form must be completed in full for the position to be confirmed. Please return to your RDE Alison Tilzey alison.tilzey@thepfs.org OR dave.octave@thepfs.org

For the Education Outreach Ambassador role, please send to george.tsounias@cii.co.uk

**Personal Finance Society**

W: thepfs.org

E: alison.tilzey@thepfs.org E: dave.octave@thepfs.org

# Confidentiality Agreement and Request for Consent for Personal Finance Society Regional Officers 2021

Thank you for volunteering to be a Regional Officer for this year. As part of your role, we will be sharing information with you and about you, so can you please read this agreement and complete the relevant sections over leaf.

1. In consideration of our disclosure to you of confidential strategic business information, including future marketing and public relation plans, business requirements and business projections,

examination/product definitions, project scopes, trade secrets, pricings, costings, methods of operation, and related documentation and/or proprietary information relating to the examinations/products, customers, business affairs, services, trade secrets, finance, contractual agreements, operational procedures, methods, know-how, future plans, techniques, strategy, and processes of either The Personal Finance Society (PFS) or The Chartered Insurance Institute (CII);

and

all other ancillary information that we disclose to you (whether contained in written format) relating to this (together “the Confidential Information”) for the purposes of delivering the functions the PFS regional committees (“The Purpose”), you undertake to respect and preserve the confidentiality of the Confidential Information and you will not without our prior written consent either:

* 1. Communicate or otherwise make available the Confidential Information to any third party; or
	2. Use the Confidential Information for any purpose other than The Purpose.
1. The above obligations shall not apply or shall cease to apply to such of the Confidential Information you can show to our reasonable satisfaction:
	1. has become public knowledge other than through any act or omission of yours;
	2. was already known to you prior to disclosure by us;
	3. has been received by you from a third party who did not acquire it in confidence from us or from someone owing a duty of confidence to us.
2. You shall, whenever we so request, return to us on demand all documents and other records of the Confidential Information or any of it in any form and whenever or not such document or other record was itself provided by us.
3. You acknowledge that we make no representation or warranty as to the accuracy or completeness of the Confidential Information disclosed by us to you and you further acknowledge that we will not have any liability to you in respect of the use of the Confidential Information by you.
4. Without affecting any other rights or remedies that we may have, you acknowledge and agree that damages may not be an adequate remedy for us in respect of a breach by you of this Agreement and that we shall be entitled to apply for the remedies of injunction, specific performance and other equitable relief for any threatened or actual breach by you of the provisions of this Agreement.
5. The provisions of this Agreement shall continue in effect notwithstanding any decision by either party not to proceed with The Purpose.
6. You acknowledge our proprietary rights in the Confidential Information and the disclosure of the Confidential Information shall not be deemed to confer upon you any rights whatsoever in respect of any part thereof except for The Purpose mentioned in this Agreement.
7. This Agreement shall be governed by and interpreted in accordance with English law and the parties hereby submit to the non-exclusive jurisdiction of the English courts.

**Request for Consent**

The PFS may wish to share your contact details with other regional committee members. The purpose of this is to encourage communication between regional committee members under this Agreement. However, the PFS cannot do this without your express consent. Please can you complete the following declaration to indicate whether you consent to the sharing of this data, and which information in particular you consent to the PFS sharing under this Agreement:

I consent to the PFS sharing my contact details to other regional committee members under this Agreement.

Specifically, I consent to the following information to be shared:

Name

Email address

Phone number

I do not consent to the PFS sharing my contact details

to other regional committee members under this Agreement.

Please indicate your acceptance of the above by signing and returning this Agreement.

Yours sincerely,

### Sarah Lord

**President**

For and on behalf of

### The Personal Finance Society

I agree the above

Signed: ………………………………….

### The Personal Finance Society Regional Committee



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| --- | --- |
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