



NOVA SCOTIA BARRISTERS' SOCIETY

**Nova Scotia Barristers' Society
Internationally Trained Lawyers Observership Program**

OBSERVERSHIP AGREEMENT

Observer: _____

Legal Workplace /Representative: _____ / _____

Observership Start Date: _____

Observership End Date: _____

Observership Details:

Date

Observer Signature
Print Name:

Date

Legal Workplace Representative Signature
Print Name:



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OATH OF CONFIDENTIALITY

I hereby acknowledge that as an observer at [] I may be entrusted with knowledge of the personal and private affairs of certain persons, and I hereby undertake not to divulge any of this knowledge, nor to discuss it any time, any place, or with any unauthorized person, either during the term of my service with [] or thereafter.

I acknowledge that a breach of this undertaking may result in legal proceedings by [] or affected party against me and will result in my removal from the Observership program and could have implications for my entry into the legal profession in Nova Scotia.

I acknowledge and agree to abide by the policies and procedures of []
I understand the implications of signing this oath of confidentiality.

Date

ITL Signature
Print Name: