FORM FOR REPORTING A SUSPECTED DATA BREACH

Your Name:		School / Department:
Today's Date:	**Tel No:**	**E-mail Address:**

What date did the breach occur:	Time of breach:
What date did you find out about the breach:	**Number of individuals whose data could be affected:** *(enter quantity)*
Who Was Notified?	**Time of Notification:**

Brief Description of Incident: *(including what data has been breached, individuals concerned, other relevant data)*

Categories of individuals concerned:

(Staff / Pupils / Parents / Governors / Directors / Other (If Other, please give details)

Categories of personal data concerned:
Racial/ethnic origin / Political opinions / Religious or philosophical beliefs / Trade Union membership / Sex life / Sexual orientation / Gender reassignment / Health / Basic personal identifiers (e.g. name, contact details) / Identification data (e.g. usernames, passwords) / Economic/financial data / Official documents (e.g. driving licence, passport) /Location data /Genetic/biometric data / Criminal convictions/offences / Not yet known / Other (please specify)

Describe the potential consequences of the data breach including any risk/actual harm to data subject(s): *(eg identity theft, fraud, manual loss, threat to services, physical harm, distress)*

Measures taken, or proposed to be taken, to deal with the data breach:

Has the data subjects been informed about the breach?

If there has been a delay in reporting this breach please explain why:

Have you had and data protection training? *(please state training received along with month and year)*

Initiated By:	Date:	Reviewed and Signed by the DPO:	Date:

Please forward completed forms to DPO@ict4.co.uk
Please follow up any submission with a phone call 01209 311344

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