



Your Name:				School / Department	t:
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:		ch:	Number of individuals whose data could be affected: <i>(enter quantity)</i>		
Who Was Notified?			Time of Notification:		
Brief Description of In <i>data</i>)	cident: (including wha	at data ha	as been breache	d, individuals concerned,	other relevant
Categories of individua	le concornadi				
-		/ Other	(If Other, please	e give details)	
Categories of individua (Staff / Pupils / Parents /		/ Other	(If Other, please	e give details)	
(Staff / Pupils / Parents /	Governors / Directors	/ Other	(If Other, please	e give details)	
(Staff / Pupils / Parents / Categories of personal Racial/ethnic origin / Poli	Governors / Directors data concerned: tical opinions / Religiou	us or phil	losophical belief	s / Trade Union members	
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Please forward completed forms to <u>DPO@ict4.co.uk</u> Please follow up any submission with a phone call 01209 311344

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