

**Appendix 2 Data Protection Policy**

**DATA BREACH NOTIFICATION FORM**

**TO BE COMPLETED AND PASSED TO DATA PROTECTION OFFICER IMMEDIATELY AFTER A DATA BREACH/POTENTIAL BREACH**

Person who discovered breach: .....

Department: .....

Person completing this form: .....

Department: .....

Time and date of breach: .....

Nature of breach:

.....  
.....

Description of breach:

.....  
.....  
.....  
.....  
.....

Personal data affected:

.....  
.....  
.....

Number of individuals affected/scale of breach: .....

Have any individuals affected contacted the College/complained? If so provide details:

.....  
.....

Signed.....

Name ..... Date.....

**PLEASE ENSURE THIS FORM IS GIVEN IMMEDIATELY TO YOUR LINE MANAGER AND TO THE DATA PROTECTION OFFICER**