

“Project Title” *Data Protection Impact Assessment*

Organisation Name/Data Controller Name: *YOUR SCHOOL NAME*

Date final DPIA issued Click or tap to enter a date.

[Title]

Project Brief and Go Live Date:

Explain what the project aims to achieve, what the benefits will be to the organisation, to individuals and to other parties. You may find it helpful to link to other relevant documents related to the project, for example a project proposal. It may be useful to reference the screening questions – why is a DPIA needed?

Project Manager/Owner:

Name:	<i>Please complete for your school</i>
Job Title:	
Service:	
Telephone:	
Email:	

Information Asset Owner/s:

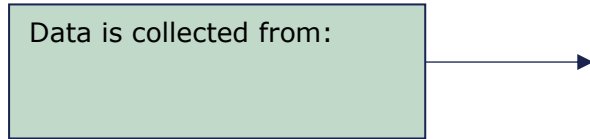
Name:	<i>Please complete for your school</i>
Job Title:	
Service:	
Telephone:	
Email:	

System Administrator/ICT Contact (if applicable):

Name:	<i>Please complete for your school</i>
Job Title:	
Service:	
Telephone:	
Email:	

Part One – Information Flow

The collection, use and deletion of personal information should be described here. Please use a flow diagram or another visual way of explaining information flows.



Part Two – Privacy Risks questionnaire

- ❖ *This should be filled out during consultation between the Project Officer(s) and Data Protection Officer.*
- ❖ *Risks should be associated with the Principles of the General Data Protection Regulation (the UK GDPR).*
- ❖ *You only need to consider risks arising from any new procedures and/or solutions.*

Privacy Issue	Comments	Is there a risk? Address in Part Three	
1. General			
Have you identified the Information Asset Owner?	<i>Include name of information asset owner</i>	<input type="checkbox"/>	
How many individuals will be affected by this project?	<i>Please make an approximation if needed.</i>	<input type="checkbox"/>	
Who are the Data Subjects?	<i>Eg. Pupils, staff members, parents, visitors etc.</i>	<input type="checkbox"/>	
Please select any information that will be processed:	Personal Identifiers/information	<input type="checkbox"/>	
	<input type="checkbox"/> Name		<input type="checkbox"/> Sex life
	<input type="checkbox"/> Address/Postcode		<input type="checkbox"/> Sexual Orientation
	<input type="checkbox"/> Date of Birth		<input type="checkbox"/> Religion
	<input type="checkbox"/> Telephone Number/Email		<input type="checkbox"/> Philosophical belief
	<input type="checkbox"/> Emergency contact details		<input type="checkbox"/> Political opinion
	<input type="checkbox"/> National Insurance Number		<input type="checkbox"/> Trade Union Membership
	<input type="checkbox"/> NHS Number		<input type="checkbox"/> Ethnic Origin
	<input type="checkbox"/> Gender		<input type="checkbox"/> Medical history details
	<input type="checkbox"/> Images (photo/film)		<input type="checkbox"/> Physical health information
	<input type="checkbox"/> Pseudonymised information		<input type="checkbox"/> Mental health information
	<input type="checkbox"/> IP addresses		<input type="checkbox"/> Genetic/Biometric (eg. Thumbprint)
<input type="checkbox"/> Other (please state):			

Privacy Issue	Comments		Is there a risk? Address in Part Three
How will the personal data be collected?	Choose an item.		<input type="checkbox"/>
Does this processing include data matching, automated decision making or profiling? <i>(please describe)</i>			
2. Lawfulness, Fairness, and Transparency			
What is the lawful basis for processing personal information? If you are using more than one condition please specify which condition relates to specific data. <i>(Please speak with your DPO about this)</i>	Choose an item.	Choose an item.	<input type="checkbox"/>
	Specify:		
	If Legitimate Interests/Public Interest Assessment (see guidance), is completed please add:		
If you are processing Special Category Information (highlighted in red above), what is the lawful basis for processing this information <i>(Please speak with your DPO about this)</i>	Choose an item.	Choose an item.	<input type="checkbox"/>
	Basis in law and schedule condition (if applicable)/specify:		
	Please refer to the guidance		
If you are using consent how are you collecting this and how will people be able to withdraw their consent?			<input type="checkbox"/>
How will you tell people about this processing?	<i>e.g. leaflet, part of a form, on a website, communication</i>		<input type="checkbox"/>
Do you need to update your privacy notices?	<input type="checkbox"/>	Yes	
	<input type="checkbox"/>	No	

Privacy Issue	Comments		Is there a risk? Address in Part Three
3. Purpose Limitation			
Are you going to use information you already hold about individuals for a purpose it is not currently used for?	<input type="checkbox"/>	Yes, please specify why it is currently held and under which legal basis:	<input type="checkbox"/>
	<input type="checkbox"/>	No	
Have you identified all of the purposes for which you will use personal information?	<input type="checkbox"/>	Yes	<input type="checkbox"/>
	<input type="checkbox"/>	No. If no, why not?	
Will people expect their information to be processed in this way?	<input type="checkbox"/>	Yes	<input type="checkbox"/>
	<input type="checkbox"/>	No, please give details:	
4. Data Minimisation			
How will you ensure you are only collecting information that is relevant to this specific purpose?			<input type="checkbox"/>
Have you considered what information you could disregard without compromising the project?	<input type="checkbox"/>	Yes, please detail if any has been removed:	<input type="checkbox"/>
	<input type="checkbox"/>	No	
5. Accuracy			
How are you going to ensure that the personal information will be kept accurate and up to date?			<input type="checkbox"/>

Privacy Issue	Comments		Is there a risk? Address in Part Three
How are you going to ensure that the quality of the data you collect is sufficient for your intended purpose?			<input type="checkbox"/>
If you are procuring a new system does it allow you to amend and / or delete information when necessary? <i>(Consult IT as necessary)</i>	<input type="checkbox"/>	Yes	<input type="checkbox"/>
	<input type="checkbox"/>	No, please give details:	
	<input type="checkbox"/>	Notes can be added to the system where accuracy is disputed	
	<input type="checkbox"/>	N/A	
6. Storage Limitation / Records Management			
How long will the information be kept for? (retention period)			<input type="checkbox"/>
Are you procuring a system that will allow you to delete information in line with your retention periods? <i>(Consult IT as necessary)</i>	<input type="checkbox"/>	Yes	<input type="checkbox"/>
	<input type="checkbox"/>	No, if no why not?	
	<input type="checkbox"/>	N/A	
What method will be used, to securely destroy paper and/or electronic records? <i>(Consult IT/processor as necessary)</i>			<input type="checkbox"/>
Will destruction be certificated or added to a destruction log?	<input type="checkbox"/>	Yes, please specify:	<input type="checkbox"/>
	<input type="checkbox"/>	No, if no why not?	

Privacy Issue	Comments	Is there a risk? Address in Part Three
Where will information be stored/accessed?	Choose an item. Other (specify):	<input type="checkbox"/>
If you are using a 'Cloud Based' system to store or transfer information, where is the geographical location of the server/s? (<i>you may need to ask your provider to supply this</i>)		<input type="checkbox"/>
If back up information is stored off-site, where is the geographical location?		<input type="checkbox"/>
7. Security		
Who will have access to the information within the organisation?	Roles:	<input type="checkbox"/>
What controls have been put in place to limit access to the information?		<input type="checkbox"/>
If you are implementing a new system, does this system have the ability to audit access (audit trails)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/>
Does your new system/hardware/procedure provide adequate protection against security risks? Please detail. (<i>Consult IT as necessary</i>)	<i>e.g. encryption, two factor authentication, lockable/fire proof storage/updated policies</i>	<input type="checkbox"/>
Are staff undertaking any additional training to help use new systems/procedures? Will this include Data Protection training?	<input type="checkbox"/> Yes (please give details) <input type="checkbox"/> No. If no why not?	<input type="checkbox"/>

Privacy Issue	Comments		Is there a risk? Address in Part Three
Is there a disaster recovery plan in place in case of equipment/software failure? <i>(you may need to ask your provider to supply this)</i>	<input type="checkbox"/>	Yes	<input type="checkbox"/>
	<input type="checkbox"/>	No	
8. Data Processors – Data Processors should be listed after part 2 of this form			
If you are using a data processor, how has the provider demonstrated an adequate level of information security? <i>(you may need to ask your provider to supply this)</i>			<input type="checkbox"/>
If using a data processor, how has the provider demonstrated that they are compliant with the UK GDPR? <i>(you may need to ask your provider to supply this)</i>			<input type="checkbox"/>
If using a data processor, do you have a written contract in place with the UK GDPR clauses?	<input type="checkbox"/>	Yes (please attach)	<input type="checkbox"/>
	<input type="checkbox"/>	No	
	<input type="checkbox"/>	N/A	
9. Information Sharing – Data Controllers should be listed after part 2 of this form			
What is the legal basis for sharing? <i>(Please speak with your DPO about this)</i>			<input type="checkbox"/>
Is there a sharing agreement in place? <i>(Please speak with your DPO about this)</i>	<input type="checkbox"/>	Yes (please attach)	<input type="checkbox"/>
	<input type="checkbox"/>	No. If no, why not?	
	<input type="checkbox"/>	N/A	
Will you transfer information outside of the UK, where will this be?	<input type="checkbox"/>	Yes, please specify where:	<input type="checkbox"/>
	<input type="checkbox"/>	No	

Privacy Issue	Comments		Is there a risk? Address in Part Three
	<input type="checkbox"/>	N/A	
How will information be transferred?	<i>e.g. email, post, secure file transfer</i>		<input type="checkbox"/>
10. Rights of the Data Subject			
How will you manage 'Subject Access Requests' or other requests regarding information rights? <i>(Rectification, erasure, objection, and restriction etc.)</i>			<input type="checkbox"/>
If procuring a new system, will this allow you to fulfil the rights of the data subject mentioned above?	<input type="checkbox"/>	Yes, detail as needed:	<input type="checkbox"/>
	<input type="checkbox"/>	No	
If the project involves automated decision making do you have a process in place to facilitate human intervention? Please detail.			<input type="checkbox"/>
Will your data processing exclude individuals from using a service or from exercising any rights?	<input type="checkbox"/>	Yes, detail as needed:	<input type="checkbox"/>
	<input type="checkbox"/>	No	
11. Accountability			
As a result of this project do you need to update any of the following?	<input type="checkbox"/>	Information Asset Register	<input type="checkbox"/>
	<input type="checkbox"/>	Policies	
	<input type="checkbox"/>	Procedures	
If needed, have you consulted relevant stakeholders/ICO? What was the outcome?	<input type="checkbox"/>	Yes, who? Please add outcome details:	<input type="checkbox"/>

Privacy Issue	Comments		Is there a risk? Address in Part Three
	<input type="checkbox"/>	No	

List any Data Controllers information will be shared with (if applicable):

Name:	
Contact Details:	
Name:	
Contact Details:	
Name:	
Contact Details:	
Name:	
Contact Details:	

List any Data Processors information will be processed by (if applicable):

Name:	
Contact Details:	
Name:	
Contact Details:	
Name:	
Contact Details:	
Name:	
Contact Details:	

Part Three – Risk Evaluation

Privacy Risks (from part two) <i>Describe source of risk and potential impact on individuals, compliance and school risks</i>	Options to reduce or eliminate risk	Evaluation Is the risk eliminated, reduced or accepted?

Part Four – Signatures and Review

This Data Protection Impact Assessment (DPIA) should be signed by the relevant Information Asset Owner. Should any risks be 'accepted' then consideration should be given to the school's Senior Information Risk Owner (SIRO) countersigning the DPIA if this is not the individual who has completed the DPIA. All DPIAs should be approved by the Data Protection Officer.

Information Asset Owner

Name:

Job Title:

Date: Click or tap to enter a date.

Signature:

Data Protection Officer

Name:

Job Title:

Date: Click or tap to enter a date.

Signature:

Senior Officer (if applicable)

Name:

Job Title:

Date: Click or tap to enter a date.

Signature:

REVIEW DATE: Click or tap to enter a date. *(Recommend annually)*