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GDPR008 Serious breach notification

**GDPR Toolkit Breach:**

Introduction:

This form may be made available to staff so that they are equipped to report any potential serious breaches appropriately. Fully completed, this form will collate all the information that is required by the relevant supervisory authority in compliance with current data protection laws.

For further guidance on this topic, do refer to the appropriate pages on our HR portal.

How to generate your form:

Throughout the form, you will see icons and highlighted areas (see key below). The icons used are for guidance on how to amend the document and should be deleted from the final document, together with any non-applicable optional information/tables.

Key:

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| INFORMATION  This icon demonstrates the text is for information only. | ACTION  This icon means you need to make an amendment to the text. | OPTIONAL  This icon means the advice provided is optional. | WARNING  This icon means the text is important. Please take note of the advice. |

Any text you find highlighted should be amended to suit your customisations and/or removed from the document.

Customising your form:

In addition to the text emphasised with icons and highlights, you can also amend the font, margins and footer information to suit your needs.

All fonts used throughout the document are set in the Styles panel (under the Home Tab in Word 2007+). To change the font settings, right click on the style and click M*odify*. Make the appropriate changes and click OK. Your document will automatically update wherever that style is used.

To remove the icons, click on them and press delete.

You will find a checklist of customisations at the end of the document. Please run though this once you have completed your customisations. You will also need to **delete this page by clicking Insert -> Cover Page -> Remove Current Cover Page.**

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In the event of a potentially serious or significant data breach please follow the instructions within this form. First complete section 1.

|  |  |  |
| --- | --- | --- |
| **Section 1** | | |
| 1. Nature of the breach  (Full description) | |  |
| 2. How was the breach discovered? | |  |
| 3. Time occurred | |  |
| 4. Time discovered | |  |
| 5. Date occurred | |  |
| 6. Date discovered | |  |
| 4. Is there a significant risk of detrimental to an individual? (If yes, state how.) (eg reputation, financial loss, discrimination, confidentiality etc.) | |  |
| 5. Will any of the following rights be put at risk? (If yes, state how.) | | |
| * Transparent communication about how their personal data is processed | |  |
| * Access to the personal data held about them | |  |
| * A data subject can update and rectify their personal data | |  |
| * A data subject can ask to be forgotten i.e. to have their personal data erased irrevocably | |  |
| * Restrictions to processing can be implemented if requested | |  |
| * A data subject can ask for personal data to be updated or rectified | |  |
| * Personal data is held in a commonly used format e.g. a paper file or pdf | |  |
| * A data subject can object to processing and this can be actioned where appropriate | |  |
| * There is no automated decision making which produces legal or significant effects | |  |
| * A data subject is informed prior to the transfer of personal data to a third party | |  |
| * A data subject is informed of legislative measures that have been imposed which may restrict their rights. | |  |
| * The conditions of consent are lawful and the purpose remains the same | |  |
| If you answered ‘yes’ to part 4 or you have completed any of part 5, you must complete the rest of the form and submit to a data processor or controller immediately. If you have answered ‘No’ to 4 & 5 you do not need to complete the rest of the form. Please retain a copy for records. | | |
| Evidence of the risks  (provide details or attach copies to this form where possible) |  | |
| Full Name (PRINT) |  | |
| Date |  | |

|  |  |
| --- | --- |
| **Section 2** | |
| Number of data subjects concerned |  |
| Types of data concerned |  |
| Categories of data subjects |  |
| Approximate number of records concerned |  |
| Likely consequences of the breach |  |
| Any measures already taken to limit damage |  |

**Print Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IMMEDIATELY PASS TO A DATA PROCESSOR OR CONTROLLER <Optional:> <or data protection officer> FOR THEIR IMMEDIATE REVIEW.

|  |  |
| --- | --- |
| **Section 3** | |
| **Explanatory note:**  This section should only be completed by the data processor or controller <Optional:> <or data protection officer>.  Any serious breach which is likely to result or has resulted in a significant risk to personal data security and the right and freedoms of a data subject must be reported to <insert relevant supervisory authority eg: ‘Information Commissioner’s Office’> **without delay and within 72 hours of awareness.** Appropriate remedial action must have been taken within this time. All the fields in this form will need to be completed in order to supply a full notification. | |
| Step one  Review sections 1 and 2. Ensure the information is correct and that any additional measures that may be necessary are implemented with immediate effect where possible. Detail below. | |
| Step one – measures taken | |
|  | |
|  | |
|  | |
|  | |
| Step two  Further to step one, determine whether the risks or nature of the breach remain high. If so, the <insert relevant supervisory authority eg: ‘Information Commissioner’s Office’> should be notified. Complete the contact information that should be provided to the authority below. | |
| Appropriate Contact | |
| Full Name |  |
| Telephone |  |
| Work Mobile |  |
| Email |  |
| Office Address |  |
| Alternative | |
| Full Name |  |
| Telephone |  |
| Work Mobile |  |
| Email |  |
| Office Address |  |



|  |  |
| --- | --- |
| **Additional information** | |
| Date authority contacted |  |
| Contacted by (name) |  |
| Advice received |  |
| Further notes |  |

Checklist

Upon completion of customisations please ensure you have:

* customised all relevant text and removed pink highlighted text
* removed all icons
* diarised a reminder to review and update the form
* removed the front cover (see instructions on front cover)
* removed this checklist!