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| --- | --- |
| Section A: Background Information | |
| Project Name |  |
| Organisation/Department |  |
| Assessment Completed By |  |
| Job Title |  |
| Date completed |  |
| Phone/Mobile |  |
| E-mail |  |
| Project/Change Outline: Please give a brief description of the project/process. |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Screening Questions | Answer | | | Comments (optional) |
| Does the project involve the collection of new information about individuals? | Yes | No | Unsure |  |
| Does the project compel individuals to provide information about themselves? | Yes | No | Unsure |  |
| Does the project involve disclosing personal data to other organisations or people who have not previously had routine access to such? | Yes | No | Unsure |  |
| Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used? | Yes | No | Unsure |  |
| Does the project involve you using new technology which might be perceived as being privacy intrusive? For example, the use of biometrics or facial recognition. | Yes | No | Unsure |  |
| Will the project result in you making decisions or taking action against individuals in ways which can have a significant impact on them? | Yes | No | Unsure |  |
| Is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? E.g. health, Psychiatry, Social Work records, criminal records or other information that people would consider to be particularly private. | Yes | No | Unsure |  |
| Will the project require you to contact individuals in ways which they may find intrusive? E.g. collection of excessive personal information, collection of information through the surveillance or monitoring of how people act in public or private spaces and through the monitoring of communications whether by post, phone or online and extends to monitoring the records of senders and recipients as well as the content of messages. | Yes | No | Unsure |  |

**You must submit this screening form with your Ethics application.**

**If you answer Yes/Unsure to any question you must complete the DPIA form and discuss it with your Data Protection Officer.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| DPIA Form completed | Yes | No | Unsure |  |
| If Yes; have you discussed the DPIA with your DPO? | Yes | No |  |  |