

## Initial Data Protection Risk Assessment [IDPRA]

Will any personal information be processed? This could be data that is clearly identifiable as personal information, but may also include other information.

Yes       No       If 'No' there is no need to complete or submit this form

<b>Proposer's Name:</b>		
<b>Department/Service:</b>		
<b>Name of person with overall responsibility</b>		
<b>Name of proposed project/system/process change:</b>		
<b>Is there an associated project team or similar? If so, please give details</b>		
<b>What is your anticipated start date?</b>		
<b>Please describe what you propose to do and why</b>		
<b>Is there any automated decision making or processing that takes place as part of this project or process?</b>		
Yes <input type="checkbox"/>		
No <input type="checkbox"/>		
<b>If yes please provide details:</b>		
<b>RISK FACTORS</b>		
<b>Which of the following types of personal data will you process?</b> (please mark all that apply with an X)		
<b>Name</b>		<b>Sexual orientation</b>
<b>Address</b>		<b>Trade Union affiliation</b>
<b>Email address</b>		<b>Political opinions</b>
<b>Telephone number(s)</b>		<b>Racial or ethnic origin</b>
<b>Date of Birth</b>		<b>Religious or philosophical beliefs</b>
<b>National Insurance Number</b>		<b>Racial or ethnic origin</b>
<b>NHS Number</b>		<b>Religious or similar beliefs</b>
<b>Other identifying reference e.g. a/c no.</b>		<b>Genetic</b>
<b>Bank details</b>		<b>Biometric</b>
<b>Credit/debit card details</b>		<b>Criminal allegations</b>
<b>Physical/Mental health or condition</b>		<b>Criminal proceedings</b>
<b>Sex life</b>		<b>Criminal convictions/sentencing</b>
<b>Other (please specify)</b>		

How many people's personal data do you expect to process?			
	1-50		1001-10,000
	51-500		10,000-100,000
	501-1000		100,000 plus
Will you be sharing the data with anyone? If so, who? <i>(include internal and external sharing)</i>			
Will you be sending the data off-site <i>(this may be electronically or physically)</i>			
Yes <input type="checkbox"/>			
No <input type="checkbox"/>			
If yes please provide details, including how you intend to do this:			
Will you be asking a third party to process any data on your behalf or is there a contract in place related to this project or process? <i>If so, please provide details</i>			
What type of technology or equipment will you be using (if any)? <i>e.g. App/website/software/systems/hand held device</i>			
Who is your IT liaison or contact for this work?			
Will you be using personal data you already have, but for a new purpose?			
Yes <input type="checkbox"/>			
No <input type="checkbox"/>			
If yes please provide details:			
Will you be undertaking monitoring or surveillance (e.g. CCTV) of people as part of this proposal?			
Does your proposal relate to vulnerable or high risk individuals?			
Will you be processing the data of children <i>(13yrs or under)</i> ?			
Yes <input type="checkbox"/>			
No <input type="checkbox"/>			
Date form completed			
Completed by			

When completed, send this form to [DPAofficer@tendingdc.gov.uk](mailto:DPAofficer@tendingdc.gov.uk)

For Data Protection Officer use only	
Assessed Data Protection Risk (High/Medium/Low) <i>(If Medium or High send full DPIA for completion)</i>	
Assessed by	
Date	