Nuffield Department of Primary Care Health Sciences

**Data Transfer Authorisation Form**

Version 2.0

Please complete ALL sections of this form.

Guidance and support is available from the IGM, IT/G HEAD and/or the Senior Information Risk Owner

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| --- | --- |
| **Requested Item** | **Detail** |
| 1. IAR Number

(from IA Register) |  |
| 1. Research Project Name (and code if applicable)
 |  |
| 1. Research Purpose (brief overview)
 |  |
| 1. Planned/projected transfer date(s)
 |  |
| 1. Role of Department (Controller – Sponsor or Processor on behalf Sponsor)
 |  |
| 1. Name(s) of the Person(s) who will carry out the data transfer.
 |  |
| 1. If different, please give the name of the person completing this form and who is the internal contact for this transfer request.
 |  |
| 1. Number of participants whose data are the subject of the transfer(s)
 |  |
| 1. Please describe the data to be transferred. (Do not include any actual data with this form).

Please state if the data contains Personal Data or Sensitive Personal Data, as defined by the Data Protection Act |  |
| 1. Please describe the method and format to be used to transfer the data (e.g. secure email)
 |  |
| 1. If this request is to authorise an ongoing series of related data transfers, please give a fixed end date or review date.
 |  |
| 1. To whom is the data to be transferred? (Please give names, job titles, organisation and contact details)
 |  |
| 1. Please list the Information Asset(s)/Trial/Study that contain the data to be transferred.
 |  |
| 1. Please specify the time period set for the recipient to hold the data (e.g. by when it will it be deleted after a specified period of time, such as the academic paper had been published.

If the data is to be held indefinitely, please provide a rationale. |  |
| 1. Please list the contractual or legal basis for the transfer.
 |  |
| 1. Please detail the contracts or legal agreements in place with any party that are relevant to this transfer and any subsequent use of the data. All external transfers of Personal Data require a contract or legal agreement.
 |  |
| 1. All data transfers must be recorded for monitoring and security purposes. Details must include: a detailed record of what data was transferred, when it was transferred, to whom it was transferred, and how it was transferred.

For ongoing series of transfer, each individual transfer must be recorded. Please state how and where you will record this information. |  |

All relevant Information Asset Owners (IAO) and the Senior Information Risk Owner (SIRO) must sign this request form to confirm that:

* + They have reviewed the details given in this form, and that those details provide sufficient detail on which to make an authorisation decision
	+ They have reviewed the relevant Information Asset Register entry for the Information Asset(s) involved and there are no legal, contractual, policy or other impediments for the transfer that they are aware of
	+ The legal basis for the transfer is appropriate, and they have, where necessary, sought contractual or legal advice from the University on any matters that are not clear to them
	+ The proposed method of transfer meets the requirements of the Information Governance Policy

The SIRO is additionally responsible for risk-assessing the proposed transfer. In this capacity, the SIRO shall enter any further conditions, restrictions or other information in connection with this authorisation here:

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|  |

The signatories below authorise the Data Transfer as described above:

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Role** | **Signature** | **Date** |
| Tanya Baldwin | SIRO |  |  |
| Enter Name of IAO | IAO for [enter name of Department Asset] |  |  |

* Email disclaimer: Whenever completing this data transfer with encryption as set out in the Information Security Policy, the Department Member making the transfer shall include the following disclaimer on the email sent to the Data Recipient(s):

|  |
| --- |
| *This email is strictly confidential and is intended for the exclusive attention of the addressee indicated and for the use indicated on the Data Authorisation Request Transfer Form. If you are not the intended recipient, this email should not be read or disclosed to any third party. Please notify the sender immediately and delete this email from your computer system. The unauthorised use, disclosure, copy or alteration of the Data transferred is strictly forbidden and contravenes the Data Protection Act. On receipt of this email, the addressee has sole responsibility and liability for the security, storage and dissemination of the Data transferred.*  |

* The requested transfer is authorised when the last of the required signatories listed above signs the **Acknowledgement** section of this form on the next page. No data transfer may take place until after authorisation is complete.
* Any data transfer authorised by this form must be performed in accordance with the details stated on this form.
* Should any details stated on this form change, be discovered to be incorrect, or should any Information security Incident occur relating to the matters on this form, all transfers must immediately cease until a revised authorisation is in place, and where appropriate an review of the Incident by the Department has concluded.

**Written Acknowledgement By Recipient**

By signing below, the designated Data Recipient, confirms receipt of the Data, attests to using the Data received solely for its intended purpose as documented on this Data Transfer Authorisation Request (DTAR) Form and agrees to storing the Data securely. Unless otherwise agreed upon by the Parties to this Data transfer, the Data Recipient also agrees not to alter or otherwise transfer the Data to a third party.

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| --- | --- | --- | --- |
| **Data Recipient Name** | **Role/Title** | **Signature** | **Date** |
|  |  |  |  |

Please return this form to your contact at the NDPHCS.

Thank you.