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DATA SECURITY BREACH REPORT FORM

This form should be completed in the event of an actual, suspected or potential information security incident.

The effective management of information security incidents is required in order to ensure we meet our obligations under the GDPR law, to maintain the security and integrity of the data we hold, as well as being necessary to ensure mitigating and remedial measures can be put in place promptly.

This form can be completed by any member of staff (students should refer any incidents to a member of staff) that becomes, or is made, aware of an Information security incident. This form should be completed as soon as possible, without undue delay, and submitted to the college's address or return to directly to the office or via email: policies.data@ibti.org.uk. To ensure risks of further compromise of data are minimised, please treat the information contained within this form as strictly confidential unless advised otherwise.

1. REPORTING PERSONS' DETAILS	
Name	
Email	
Contact Number	
2. INCIDENT DETAILS	
Date of Incident	Click here to enter a date.
Type of Incident	Choose an item.
Breach effect	
Number of data subjects affected	
Number of personal data records affected	
Are all individuals informed?	
How you became aware of breach?	
Description of data	



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Does the data at risk include personal data (for example names, addresses, emails)	Choose an item.
Summary of Incident. Please provide details.	Click here to enter text.

3. IBTC OFFICE USE ONLY¹			
Data of Breach Report Received	Click here to enter a date.		
Action Taken	Choose an item.		
Other Regulators informed?			
Actions taken. Have any mitigating measures already taken to resolve or remedy the incident and/or prevent future occurrences?	<table border="1"> <tr> <td data-bbox="569 1025 807 1220">Choose an item.</td> <td data-bbox="807 1025 1498 1220">Click here to enter text.</td> </tr> </table>	Choose an item.	Click here to enter text.
Choose an item.	Click here to enter text.		
When did you first notify the ICO of the breach? (N/a – if not applicable)			
Date actioned/referred	Click here to enter a date.		
DP Officer Signature			

¹ Copies of this form to be retained by Data Protection Officer for 3 years from the date of incident resolution.