



Data Protection Risk Assessment – Appendix D

You have been sent this as part of a risk assessment on how we will share personal data with you in the future. Please complete BOTH SIDES OF THIS FORM fully and return it to your contact at Havebury. If you have any queries regarding this form, please send them to data.protection@havebury.com

1 Registration

Are you registered as a Data Controller with the Information Commissioners Office?

Delete as appropriate

| | |
|-----|----|
| Yes | No |
|-----|----|

If so, what is your registration number?

Who is your Data Protection Officer?

Please give position, not name

2 Information required

What data will you require from us in order to provide goods, works or services under the contract?

Tick as appropriate

Property address
 Customer name
 Customer contact info
 Asbestos data

Tenancy history
 Disabilities
 Dates of birth, age or gender
 Details of challenging tenants

Ethnic origin or religion
 Sexual preference or lifestyle
 Other sensitive personal data
 Vulnerable tenants

3 Dealing with personal data

Will you use the personal data for purposes other than servicing this contract?

If so, please provide details.

Delete as appropriate

| | |
|-----|----|
| Yes | No |
|-----|----|

For how long will you keep the personal data that we provide?

How will you keep this personal data safe?

<< CONTINUED FROM OVERLEAF

Have you conducted data protection training?

Delete as appropriate

| | |
|-----|----|
| Yes | No |
|-----|----|

If so, please answer:

When did you last have training?

Who was trained?

How often do you run training?

4 Declaration

Has a data protection breach been reported to the Information Commissioner against your company, either by yourselves or a third-party? If so, please provide details.

Delete as appropriate

| | |
|-----|----|
| Yes | No |
|-----|----|

| Date | Detail of breach | Outcome (e.g. undertaking, enforcement, fine) |
|------|------------------|-----------------------------------------------|
| MMYY | | |
| MMYY | | |
| MMYY | | |
| MMYY | | |

Next steps

This form should be signed by a Director or other person duly authorised to approve the information provided.

We will check some of the information provided on this form against public sources as part of our risk assessment.

Please return this form to:
 Data Protection Officer
 Havebury Housing Partnership
 Havebury House
 Western Way
 Bury St Edmunds
 Suffolk IP33 3SP

Or by email to data.protection@havebury.com

Signature

Signed by (print name)

Position

Date