**School Curriculum and Standards Authority**

**Information breach notification form**

This form is used to inform the School Curriculum and Standards Authority of an information breach. Please complete all fields and submit the report to [research@scsa.wa.edu](mailto:research@scsa.wa.edu) within 48 hours of discovering the breach. All relevant supplementary documentation must be provided to the Authority electronically.

|  |  |  |
| --- | --- | --- |
| **Organisation/agency details** | | |
| Organisation/agency name: | | |
| Phone: | | Email: |
| Address: | | |
| **Project information** | | |
| Project title: | | |
| Short title: | | |
| Principal Researcher: | | |
| **Breach overview** | | |
| Personnel involved: | | |
| Brief description of the breach: | | |
| Information involved in the breach: | | |
| Reporter’s contact information (phone number/email): | | |
| **Breach details** | | |
| Date and time the breach occurred: | Date the breach was discovered: | |
| Location(s) of the breach: | | |
| Number of individuals whose personal information is involved in the breach: | | |
| Were affected individuals informed of the breach within 48 hours (applicable for medium and high-risk incidents)? | | |
| List any other data protection authorities, law enforcement bodies or regulatory bodies that you have reported this breach to: | | |
| Detailed description of the breach including what happened, details of staff involved and any contributing factors: | | |
| What are the likely consequences of the breach? | | |
| Description of any action, including remedial action, you have taken, or are intending to take to assist individuals whose personal information was involved in the breach: | | |
| Description of any action you have taken, or are intending to take, to prevent reoccurrence: | | |
| Steps your organisation/agency recommends that individuals take to reduce the risk that they experience serious harm because of this breach: | | |
| **Declarations** | | |
| **I declare that:**   * the information provided in this document is true and accurate * I am aware that the Authority might request further information pertaining to the breach * I have taken reasonable steps to minimise the effects of the breach * I am aware that depending on the circumstances, access to personal information may be withdrawn * I am aware that depending on the severity of the breach, disciplinary action and remedies made available through legislative provisions may apply. | | |
| **Principal Investigator:** | | |
| Signature: | | Date (dd/mm/yy): |
| **Researcher:** | | |
| Signature: | | Date (dd/mm/yy): |
| **Researcher:** | | |
| Signature: | | Date (dd/mm/yy): |

Copy and paste more rows as necessary for additional research personnel.