**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 within 48 hours of discovering the breach. All relevant supplementary documentation must be provided to the Authority electronically.

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| **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* I am aware that depending on the circumstances, access to personal information may be withdrawn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.
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| **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.