**Policy Waiver Form**

**[Insert policy title here] POLICY WAIVER AUTHORISATION FORM - REF. [insert policy initials here]-000**

**Working together to handle personal data safely, respectfully and lawfully**

|  |  |
| --- | --- |
| **Directorate:** | **Information Asset Owner:** |
| **Department:** | **Information Asset Administrator/IG Lead:** |
| **Proposed by departmental SLT member:** |
| **Approved by Executive Director:** |  |
| **Responsible member of staff name and job title:**  | **Email:** **Tel:**  |
| **Date of request:**  |
| **Information types –** please list all the types and categories of information to be handled, e.g. paper copy examination forms**:** * …
 |
| **Description of information handling –** please summarise the processes required that deviate from the cited policy, e.g. taking College information home or using personal webmail accounts**:** * …
 |
| **Duration of information handling:****START DATE:** **END or REVIEW DATE:** |
| **Insert here the policy controls that you require exempting from:*** …
 |
| **What alternative measures have been considered? Please also explain why they have been rejected.** |
| **Does the information contain** [**personal data**](https://www.rcog.org.uk/en/about-us/policies/data-protection-policy/)**? Y/N –** please delete as appropriate.**If yes, what?*** …
 |
| **Does the information contain any high risk,** [**special category (aka sensitive) personal data**](https://www.rcog.org.uk/en/about-us/policies/data-protection-policy/) **or monitoring activities? Y/N –** please delete as appropriate.**If yes, what?**… |
| **List the information risks of the above handling** – e.g. accidental loss of information, and unlawful access by 3rd parties at home.* …
 |
| **List your proposed mitigations of the above risks:*** …
 |
| **INTERNAL USE ONLY BY IG TEAM OR IM&T** |
| **Severity: LOW/MEDIUM/HIGH** |
| **Mitigations accepted by IG Team/IM&T: Y/N –** please delete as appropriate. |
| **Further measures recommended:**1. **…**
2. **…**
3. **…**
 |
| **Authorisation****SIRO:**  |
| **Waiver logged in Information Risk Register: Y/N –** please delete as appropriate. |
| **Does the President / CEO need to be informed(Y/N):**  | **External/internal communication required: Y/N –** please delete as appropriate.**Details if applicable:**  |
| **Date waiver reviewed or closed :** |