



Data Consent and Tracking

Members, Trustees, Associated Professionals, Third Parties (where applicable)

Name:

Address:

Telephone Number:

Mobile Number:

Email Address:

I consent to the Charity, it's Committee Members, Trustees and Associated Professionals to hold and use my personal sensitive data as above in order to carry out the business of the Charity only.

In order for the Members, Trustees and Associated Professionals to keep an audit trail of how and where personal sensitive data is stored and used please complete the following questions and circle each answer that applies to you:

Do you use:

- | | | | | | |
|------------------------|-----|----|------------------------------|-----|----|
| A Home Computer: | Yes | No | and does it have Antivirus: | Yes | No |
| A Laptop: | Yes | No | and does it have Antivirus: | Yes | No |
| A Smartphone: | Yes | No | and does it have Encryption: | Yes | No |
| A Tablet: | Yes | No | and does it have Encryption: | Yes | No |
| Other device: | Yes | No | and does it have Antivirus: | Yes | No |
| Email: | Yes | No | and does it have Encryption: | Yes | No |
| iCloud Account: | Yes | No | | | |
| Dropbox Account: | Yes | No | | | |
| Microsoft 365 Account: | Yes | No | | | |
| Microsoft Account: | Yes | No | | | |
| Gmail: | Yes | No | | | |
| Paper filing system: | Yes | No | | | |
| Locked Cabinet: | Yes | No | | | |

Other cloud account and/or email provider (please list):

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Other device (please specify):