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| Access logo  **Consent for Sensitive Personal Data** **Processing** |

**Consent for Sensitive Personal Data Processing**

In addition to the normal data processing carried out by the **Exeter Access Centre at the University of Exeter** ("the Centre") the transfer of a copy of your needs assessment report, or other relevant information contained within your student record, to the Disabled Students Allowance Quality Assurance Group (“the Auditor”) may be required so that the Auditor can audit the Centre’s internal processes for dealing with needs assessments. These audits play an important part of ensuring that the Centre is complying with all relevant legislation, internal and external guidance. Such compliance is vital to the Centre so it can properly assess the needs of those that require assistance.

The information that the Centre is proposing to transfer to the Auditor is a copy of your completed needs assessment form, or other relevant information contained within your student record.

**As you will be aware, this may include the following Personal Data about you:**

* identity and age;
* living arrangements;
* any other bursaries or financial support you are entitled to;
* ownership of a laptop or desktop computer; and
* higher education institution and course information.

The Centre is also proposing to transfer information which could be classified as **Sensitive Personal Data** under the **Data Production Act 2018** and the **General Data Protection Regulation**, including:

* diagnosis and/or assessments by registered practitioners and other health professionals or your physical and/or mental health;
* the date your disability was last assessed;
* assessments by assessors at the Centre;
* a Statement of Special Educational Need issued by a Local Authority (where relevant)
* your Needs Assessment Report;
* the fact that you receive a disability allowance (where relevant)
* letter of award of support.

As the proposed transfer includes **Sensitive Personal Data** (in this instance, health information about you), we require your consent before we are legally permitted to provide the Auditor with your **Sensitive Personal Data** (but not other types of personal data), if selected as a student sample.

The **Personal Data** provided to the Auditor would only be processed for the specific purpose of carrying out the audit of the Centre. The data or Needs Assessment Report information would not be retained by the Auditor once the audit of the Centre had been completed and accredited by DSA-QAG. This consent will be held by the Centre for the duration of the audit process, alongside any other forms of consent you have provided to the Centre in relation to other current data processing activities carried out by the Centre in relation to your personal and **Sensitive Personal Data**.

**You are free to refuse to give your consent or to later withdraw your consent.**

**Any refusal or withdrawal of consent will not affect any element of any service provided to you by the Centre.**

By signing this form you are giving your consent to the transfer of your **Personal Data** and **Sensitive Personal Data** set out above from the Centre to the Auditor and to the processing of this data by the Auditor, for the purpose described above.

**I consent to the transfer of the following types of Personal Data about me:**

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|  | ***Please put a cross in the box where the statements apply to you*** |
|  | diagnosis and/or assessments by registered practitioners and other health professionals or your physical and/or mental health; |
|  | the date your disability was last assessed; |
|  | a Statement of Special Educational Need issued by a Local Authority (where relevant) |
|  | assessments by assessors at the Centre;  |
|  | your Needs Assessment Report; |
|  | the fact that you receive a disability allowance (where relevant); |
|  | letter of award of support. |

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| **By signing this declaration you are giving your consent to the transfer of your personal date and sensitive personal data set out above from the Centre to the Auditor and to the processing of this data by the Auditor, for the purpose described above.** **Student name:****Student signature: Date:** |

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| **By signing this declaration you are refusing to allow the Auditor to view any of your personal data and sensitive personal data.****Student name:****Student signature: Date:** |