

# Data Protection Policy

Mission statement:

"Enjoy, learn, achieve"

Dawson Road Handsworth Birmingham, B21 9HB

Tel: 0121 464 4669 Fax: 0121 464 0508

E-mail:

enquiry@grove.bham.sch.uk

Headteacher: Mrs P Matty

#### **Data Protection Policy**

- 1 The school will comply with:
  - 1.1 The terms of the 1998 Data Protection Act, and any subsequent relevant legislation, to ensure personal data is treated in a manner that is fair and lawful.
  - 1.2 Birmingham City Council's Children, Young People and Families Directorate advice and guidance.
  - 1.3 Information and guidance displayed on the Information Commissioner's website.
- This policy should be used in conjunction with the school's *Internet Usage Policy*.

#### 3 Data Gathering

- 3.1 All personal data relating to staff, pupils or other people with whom we have contact, whether held on computer or in paper files, are covered by the Act.
- 3.2 Only relevant personal data may be collected and the person from whom it is collected should be informed of the data's intended use and any possible disclosures of the information that may be made.

#### 4 Data Storage

- 4.1 Personal data will be stored in a secure and safe manner.
- 4.2 Electronic data will be protected by standard password and firewall systems operated by the school.
- 4.3 Computer workstations in administrative areas will be positioned so that they are not visible to casual observers waiting either in the office or at the reception hatch.
- 4.4 Manual data will be stored where it not accessible to anyone who does not have a legitimate reason to view or process that data.
- 4.5 Particular attention will be paid to the need for security of sensitive personal data.

#### 5 Data Checking

- 5.1 The school will issue regular reminders to staff and parents to ensure that personal data held is up-to-date and accurate.
- 5.2 Any errors discovered would be rectified and, if the incorrect information has been disclosed to a third party, any recipients informed of the corrected data.

#### 6 Data Disclosures

6.1 Personal data will only be disclosed to organisations or individuals for whom consent has been given to receive the data, or organisations that have a legal right to receive the data without consent being given.

- 6.2 When requests to disclose personal data are received by telephone it is the responsibility of the school to ensure the caller is entitled to receive the data and that they are who they say they are. It is advisable to call them back, preferably via a switchboard, to ensure the possibility of fraud is minimised.
- 6.3 If a personal request is made for personal data to be disclosed it is again the responsibility of the school to ensure the caller is entitled to receive the data and that they are who they say they are. If the person is not known personally, proof of identity should be requested.
- 6.4 Requests from parents or children for printed lists of the names of children in particular classes, which are frequently sought at Christmas, should politely refused as permission would be needed from all the data subjects contained in the list. (Note: A suggestion that the child makes a list of names when all the pupils are present in class will resolve the problem.)
- Personal data will not be used in newsletters, websites or other media without the consent of the data subject.
- 6.6 Routine consent issues will be incorporated into the school's pupil data gathering sheets, to avoid the need for frequent, similar requests for consent being made by the school.
- 6.7 Personal data will only be disclosed to Police Officers if they are able to supply a WA170 form which notifies of a specific, legitimate need to have access to specific personal data. This form is the agreed procedure between Birmingham City Council and West Midlands Police.
- 6.8 A record should be kept of any personal data disclosed so that the recipient can be informed if the data is later found to be inaccurate.

#### 7 Subject Access Requests

- 7.1 If the school receives a written request from a data subject to see any or all personal data which the school holds about them this should be treated as a Subject Access Request and the school will respond within the 40 day deadline.
- 7.2 Informal requests to view or have copies or personal data will be dealt with wherever possible at a mutually convenient time but, in the event of any disagreement over this, the person requesting the data will be instructed to make their application in writing and the school will comply with its duty to respond within the 40 day time limit.
- 8 This policy will be available on BGFL 365 shared files/school policies
- 9 Data Protection statements will be included on any forms that are used to collect personal data.

#### **Appendices**

- Pupil data gathering sheets
- Staff data gathering sheets
- Reception initial enquiry sheet
- School transfer initial enquiry data sheet



Form received in school:	

# Children, Young People and Families Application for a Change of School (In-Year)

Please complete one application form per child. Failure to complete all sections of this form may delay your child's application. Please use black ink and capitals.

Section 1

To be completed by parent/carer

#### **IMPORTANT:**

- PROOF OF CHILD'S DATE OF BIRTH MUST BE SUPPLIED WITH THIS FORM:
   Acceptable proof includes: child's original birth certificate,
   adoption certificate or passport (copies will be made and originals returned)
- PROOF OF YOUR HOME ADDRESS MUST BE SUPPLIED WITH THIS FORM
   Acceptable proof includes: a copy of your council tax, gas or
   electricity bill (within last 6 months). Failure to provide acceptable
   proof may affect your child's eligibility for one or more of your
   preferred schools.

CHILD'S HOME ADDRESS		
POSTCODE:		
OTHER ADDRESS:		
Child's Name:		
Date of Birth:		
Current Year Group:		
Gender:	MALE	FEMALE

Name	D.O.B.	Current provision: nursery, so	chool, college etc.
Please give details of any s	iblinas (bro	thers and sisters)	
,	•	,	
Why do you want to transfer	your child	to this school?	
Current/previous school:			
Address of school:			
Is your child still attending?		YES	NO
If no, date of leaving current	/previous s	chool	
		detect by a local sythesity (a lo	alcad often abildl
		dated by a local authority (a lo	·
YES			NO
If yes, which local authority?	?		
Please give the name of the	social work	er and a contact telephone nu	mber:
Name:		Telephone:	
		Protocol. This Protocol exists to e ith challenging behaviour. In orde	
Local Authority in determining if your child should be considered for a place using this protocol please could you answer the following questions?			
protocor please could you answer the following questions:			
		ad a managed move from any	
If yes, please give dates of f	ixed term ai	nd/or permanent exclusions ar	nd/or managed move:

Does your child have any medical conditions?				
Name of main parent / carer: (Please include name, address, telephone number and relationship to child)				
Name of main parent / carer: (Please include name, address, telephone number and relationship to child)				
Please supply two emergency contacts (Please include name, telephone number and relationship to child)	Emergency Contact 1:		Emergency Contact 2:	
Please indicate the meal arrange	ements you require	for your child:		
Home dinner	S		Packed lunch	
Paid school meals		Free school meals Applied for On line ( <u>www.link2ict.org/fsm</u> ) Y/N		
		Refere	ence Number :	
			Or nsurance Number:	
			ate of Birth: on in Receipt of Benefit:	
		and school wil	I check on your behalf.	
Please give the name, address a	nd telephone num	ber of your child's	GP:	
Name / Address:		Telephone:		
Is there any other information yo	ou would like schoo	I to know?		
Nationality	Home language		Ethnicity	
Data Protection Policy – autumn 20 Review autumn 2018	17 Page 7			
1			<u>I</u>	

## **DECLARATION AND CONSENT TO SHARE INFORMATION** The information provided on this application form will be used to ensure that the council's records are correct. It may also be shared with other agencies and service providers to ensure that your child receives an appropriate service. The full Data Protection statement can be found in both the parents' information booklets. If a parent/carer knowingly and willingly provides a false statement which would affect the success of this application they may have the school place withdrawn. I confirm that I have read and understood the notes relating to this application. I certify that the information I have provided is correct and that I am aware that giving false information may result i any offer of a school place being withdrawn. I give my consent for the school admissions and pupil placements service to contact relevant agencies in order to validate this application. Title: e.g. Mr/Mrs/Ms/Miss: Full Name (Please Print): Signed: Date: Home telephone number Work telephone number Mobile telephone number **Relationship to child:** Mother □ Father □ Family member (live in same household) □ Step-parent ☐ Relative ☐ Social Worker ☐ Foster Parent ☐ Other (Please give details) ☐

#### **IMPORTANT:** Note to Parent/Carers:

If your preferred school is unable to offer your child a place, please contact staff in School Admissions on 0121 303 1888 (Option 4) who will be pleased to offer advice and guidance on what to do next.

www.birmingham.gov.uk/schooladmissions

#### Note to all schools/academies:

Please ensure you notify the School Admissions Team of this application and its outcome.

#### **Data Collection Sheet**

Please check that the information below is correct. Complete any missing details, and return to the school office.

Surname: Forename: Chosen name: Date of Birth: Address: Post Code: Telephone: Email:	Year:	Reception	Legal Surname: Middle name: Gender: Reg Group:	
Please give details of all persons who Place them in the order that you wish	for them to be contacted	in an emergency.		
Priority Name/Relationship 1	Home Addre	ss/Phone/Mobile/Fa	ax Work A	ddress Phone/Email
	Tel: Mobile		Tel: Email:	
2	Tel: Mobile:		Tel: Email:	
Travel Arrangements Wall	ς.			
If the above information is incorrect, please tick the appropriate choice  Bicycle Train Car/Van Walk Taxi School Bus Car Share London Underground Public Bus Service Metro/Train/Light Rail Other  Route				
Dietary Needs				
Dietary Preferences Meal Arrangement				
If the above information is incorrect,			day of the week below.	
Type of meal Mon School Meal	Tue Wed Thu	ı Fri		
Packed Lunch Home				
Medical Practice: Address:				
Telephone Number:				
Medical Condition(s)				
Medical Note(s)				
Ethnicity: Home Language:		Religion: First Lar	nguage:	
Country of Birth:		National	ity:	
<b>Data Protection Act 1998:</b> The school is registered under the Data Protection Act for holding personal data. The school has a duty to protect this information and to keep it up to date. The school is required to share some of the data with the Local Authority and with the DfE.				
Signature:			Date:	



#### Pupil change of address notification form (In-Year)

Child's name:		
Child's class:		
Child's current address:		
	Post code:	
New address:		
	Post code:	
Telephone number: Home:		
Mobile:	Name:	
Mobile:	Name:	
Name (printed):		
Signed:(Parent/Car	Date: er)	
(Farons car	G.)	
For office use only		
Date of information changed	d on CMIS:	
Name (printed)		
Signed :	Date:	<del></del>

Proof of change of address is required and should be attached to this form before any amendments to a pupil's record can be made and the form to be retained in the pupil's file.

#### STAFF DATA COLLECTION SHEET

Please check that the information below is correct. Complete any missing details, and return to the school office.

#### **BASIC DETAILS**

Title:	Forename:	S	urname:	
Middle name:		Lo	egal Surname	:
Chosen name:		G	ender:	
If your name and t	itle has changed pleas	e enter details b	elow	
Title:	Legal Surname:		Sui	rname:
PERSONAL INFO	ORMATION			
Date of Birth:		Teac	her No:	
Ethnicity:		NI Ni	umber:	
Qualifications/Le				
ADDRESS & CON	NTACT INFORMATI	ON		
Address:				
Home Tel:			obile Tel:	
Home Email:			ork Email:	
If your Address or	<b>Contact information</b>	has changed ple	ase enter detail	s below
Address:				
Home Tel:			obile Tel:	
Home Email:	Work Email:			
VEHICLE DETAI	LS			
Type:	Colo	ır:		Reg:
NEXT OF KIN IN	FORMATION			
Name:			elationship:	
Mobile Tel:	'	Nork Tel:		Home Tel:
Address:				
If your Next of Kin information has changed please enter details below				
Name:		R	elationship:	
Mobile Tel:	,	Nork Tel:	•	Home Tel:
Address:				
Signature:			Date:	
Oigilatale.			Date.	

Grove Junior and Infant School

### Notification of change of school/File Transfer

Childs Name:	DOB:
Childs new address: (if moving	g house/area)
	Classi
UPN:	Class:
Name of new school:	DFES:
Address of school:	
Postcode:	Tel:
Name of person passing on th	e information:
Position/relationship to child: .	
Date of admission:	
Information received by:	Date:
Copy to be given to: Justin	ne Baker, Pam Matty, Emma Mills, Jackie Williams, Class y – transfer of pupil/CTF/SIMS files,
Passed to YGL for checking:	Name:
	Date:
M Murphy received:	Date:
Passed to SLT for checking:	Name:
	Date:
M Murphy for transfer:	Date: