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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Questions are followed by answer fields. Use the ‘Tab’ key to navigate through. Replace Y/N or Yes/No fields with your answer. | | | | | | | | | | | | | | | |
| Incident reporting - form The Privacy data breach incident reporting form must be sent to the Senior Manager Privacy as soon as possible via [rfi.doe@education.nt.gov.au](mailto:rfi.doe@education.nt.gov.au) | | | | | | | | | | | | | | | | |
| Part A - Contact details of the person lodging the report | | | | | | | | | | | | | | | | |
| Full name | | | |  | | | | | | Email | | | | |  | |
| Position title | | | |  | | | | | | Phone | | | | |  | |
| Division or school | | | |  | | | | | | Line manager or principal | | | | |  | |
| Details of the incident | | | | | | | | | | | | | | | | |
| Date the breach occurred best estimate if exact date is not known including the time, duration and location of the breach | | | | | |  | | | | | | | | | | |
| Date the breach was discovered, best estimate if exact date is not known | | | | | |  | | | | | | | | | | |
| Has the information left the department or school? | | | | | | YES | | | | | | | | | | NO |
| Primary cause of the data breach | | | | | |  | Malicious or criminal activity | | | | | | | | | |
|  | System fault | | | | | | | | | |
|  | Human error | | | | | | | | | |
|  | Other | | | | | | | | | |
| Number of individuals whose personal information is involved in the data breach,  indicate estimate if unsure | | | | | |  | | | | | | | | | | |
| Who does the data breach affect? | | | | | |  | Staff | | | | | | | | | |
|  | General public | | | | | | | | | |
|  | Other government agencies | | | | | | | | | |
|  | Other please specify | | | | | | | | | |
| Provide a summary of how the breach occurred and was discovered | | | | | |  | | | | | | | | | | |
| What kind of information was involved in the breach? | | | | | |  | Financial details | | | | | | | | | |
|  | Tax file number TFN | | | | | | | | | |
|  | Identity information, for example, drivers licence number passport number | | | | | | | | | |
|  | Contact details, for example, home address, email address phone number | | | | | | | | | |
|  | | | | | |  | Other sensitive information, for example, health information sexual orientation political or religious beliefs | | | | | | | | | |
| What systems have been affected?  For example, outlook | | | | | | |  | | | | | | | | | |
| Were any other staff member notified or witnessed the incident at the time? | | | | | | |  | | | | | | | | | |
| Detail the immediate actions taken to contain the data breach | | | | | | |  | | | | | | | | | |
| Who else has been notified of the breach? For example, health service, university, police  Please provide contact details and date notified | | | | | | |  | | | | | | | | | |
| **Signature** | | |  | | | | | | | | | | | | | |
| **Date** | | |  | | | | | | | | | | | | | |
| Part B - Quality Assurance Services Privacy Officer to complete | | | | | | | | | | | | | | | | |
| Name | |  | | | | | | | | | | | | | | |
| Email | |  | | | | | | | | Phone | | | |  | | |
| **Details of the incident** | | | | |  | | | | | | | | | | | |
| Date received | | | | |  | | | | | | | | | | | |
| TRM reference number | | | | |  | | | | | | | | | | | |
| Containment action taken | | | | |  | | | | | | | | | | | |
| Is serious harm likely | | | | | Yes | | | | | | No | | | | | |
| Remedial action taken | | | | |  | | | | | | | | | | | |
| Will serious harm be prevented with remedial action? | | | | | Yes | | | | | | | No | | | | |
| Is this a notifiable data breach? | | | | | Yes | | | |  | | | No | | | | |
| Who requires notification? | | | | |  | | | | Individual or individuals | | | | | | | |
|  | | | | Executive director | | | | | | | |
|  | | | | CEO | | | | | | | |
|  | | | | NT Office of the Information Commissioner | | | | | | | |
|  | | | Other please specify | | | | | | | | |
| What steps been taken to prevent the breach from occurring again? | | | | |  | | | | | | | | | | | |
| Is further investigation required?  If yes provide details | | | | | Yes | | | | | | | | No | | | |
|  | | | | | | | | | | | |
| **Signature** | | |  | | | | | | | | | | | | | |
| **Date** | | |  | | | | | | | | | | | | | |
| Collection noticeThe information collected in this form will only be used for the purpose for which it is being collected. All information will be treated confidentially, stored in a secure location, and destroyed in line with legislated retention and disposal schedules to ensure that every everyone’s right to privacy is maintained. For more information, go to the Department of Education’s [Policy and Advisory Library](https://education.nt.gov.au/policies) and read the Privacy Policy. | | | | | | | | | | | | | | | | |
| End of form | | | | | | | | | | | | | | | | |