

## External Data Sharing Approval Form

Approved by:	Jeremy Hallum (Principal)	
Last reviewed on:	August 2023	
Next review due by:	August 2026	

MISSION

Lead, nurture and succeed.

VISION

A sustainable and inclusive community hub, nurturing future leaders.







TO BE FILLED BY REQUESTER								
DEPARTMENT/SO	CHOOL:			DATE O				
REQUESTOR:	Na	me:	Employee ID:		E-mail:			
REQUESTOR.		Designation:			Contact Number:			
APPROVER: (Principal / Head of	Na	Name: Emp		E-mail:				
School / HOD - SSC)		Designation:			Contact Number:			
REQUEST TYPE: (Select one)		Share data with a third-party						
THIRD-PARTY DE	TAIL C.	Third-Part	y Full Legal Name		arty Contact Person e & Contact number):			
(Provide all informa	ition)		f data transfer: bsite upload, SFTP etc.		Third-Party Website:			
TYPE / CATEGOR OF INFORMATIO SHARED (List fields that will be	RY 33	ple list of data field First Name Middle Name Last Name Gender Date of Birth Emirates ID Passort Name		11. 12. 13. 14.	Home Address Mobile Number / Parent Mobile Number Email Address / Parent Email Address Nationality Religion School Registration Number			

State the number of records being shared. Ex: Information on 500 students requires to be shared.

**NUMBER OF RECORDS** 





	Example 1:				
	Personal data of Five Class 10 students will be shared with ACME LLC Company. The data is being shared to register the Five students on behalf of the school to a Science competition (Regional Science Competition).				
DHOINEGO	Specified data fields have been requested by the organizers in-order to enroll thestudent in the competition.				
BUSINESS JUSTIFICATION (State the purpose for sharing datain detail)	Example 2:				
	School data including personal records of students, teachers and parents will be uploaded to an online School Management System. School Management system will be utilized for handling				
		ontractual agreement including non-disclosure and indemnity clause has en signed with the Third-Party that is receiving data*			
SAFEGUARDS IN PLACE (Check all safeguards that are currently in-place)		Parental consent has been obtained <u>for every child</u> whose information is being shared*			
	Other				
* Please attach evide	nce of implemented	d safeguards			
Requestor Signature**		Approver Signature** (Principal / Head of School / HOD - SSC)			
** Date of approval to be included					
TO BE FILLED BY INFORMATION SECURITY					
Approval Status		Remarks			
APPROVED					
APPROVED (Additional safeguar implemented before					

MISSION

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	REJECTED	
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Approver Name	Date	Approver Signature

