

EDINBURGH NAPIER UNIVERSITY
DATA PROTECTION LEGISLATION
OATH OF CONFIDENTIALITY: STAFF/STUDENT WITH ACCESS TO SITS*

Full name:			
Current address:			
<p>I accept that during the course of my employment at the University, I will have access to personal information about staff and students who work and study at the University, particularly through the student record system, SITS. I recognise that I have a duty of confidentiality in relation to this personal information and am bound by the provisions of the GDPR and the Data Protection Act 2018 (Data Protection Act legislation) and the University's obligations under these. As a University employee therefore I undertake to:</p> <ul style="list-style-type: none"> • only ever access and process personal information appropriately in order to carry out the duties attached to my post • never access or use any personal data for any purpose other than to perform those duties • never disclose the data to any other members or students of the University other than those who are authorised to have access to it in order to carry out their legitimate duties • never disclose any data to any individual or organisation external to the University other than in accordance with Data Protection legislation and the University's Code of Practice • adhere to the obligations set out above and below during my period of employment and after it has ended <p>Further, I understand that:</p> <ul style="list-style-type: none"> • disclosure or processing of personal information outside these terms must only ever take place in consultation with my line manager and/or Governance Services • I am bound by the University's Information Security and Manual Data Security policies and must comply with relevant sections of the University's Data Protection Code of Practice and/or any University policies and procedures to which I have been directed or of which I have been given a copy • Any breach of my obligations as set out above will result in disciplinary action being taken against me 			
Signed:		Date:	
Witnesses (staff members)			
Name:		Name:	
Department:		Department:	
Job Title:		Job Title:	
Signed:		Signed:	
Date:		Date:	

***To be completed by all students who are to be given access to SITS or staff members who have access to SITS and are also students at the University**