Independent privacy evaluation application form

[Provider]

[Service name]

[Date Month Year]

# Evaluation details

This form is for submission to an independent privacy evaluator.

Document control

|  |  |
| --- | --- |
| Provider |  |
| Provider contact name |  |
| Service name |  |
| Services applied for |  |
| Evaluator |  |
| Evaluator organisation |  |
| Date evaluation completed |  |

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# Privacy questions

Read the privacy section of the provider guidance on [Trust Framework - dia.govt.nz](https://www.dia.govt.nz/Trust-Framework) before answering these questions. This guidance provides advice on each of the questions and how to provide the requested information.

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| 1. Who is the nominated person responsible for privacy within your organisation? |
| |  |  | | --- | --- | |  | Nominated person responsible for privacy | | Name |  | | Job title |  | | Phone number |  | | Email address |  | |

| 1. What privacy training do you provide, to who, and what does it cover? |
| --- |
| |  |  |  | | --- | --- | --- | | Privacy training | Audience | What does it cover? | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |

| 1. Is the training mandatory for both employees and contractors? |
| --- |
| Yes/No? |

| 1. What is your privacy statement? |
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|  |

| 1. Attach the following documents  * Privacy policy * Privacy Incident Response Plan * Privacy Incident Register * Privacy Impact Assessment |
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