**Declaration of compliance with the Data Protection Act 1998**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

DECLARATION

**RELATING TO THE**

**Community Mental Health Survey 2016**

**Additional data analysts**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

If the trust requires additional data analysts to have access to the raw data set, this form must be completed and sent to the Co-ordination Centre, and a response received before access to the data set is granted. Only those trust staff who have completed this declaration will be authorised to view this restricted data. As the Caldicott Guardian is the designated person within the trust to supervise this access, all declarations must be co-signed by the Caldicott Guardian. If the Caldicott Guardian does not authorise this, the raw data set and responses from subgroups numbering fewer than 30 can only be viewed by the authorised survey leads.

For further information on the guidelines, please see the “Data protection and Confidentiality” section in the Instruction Manual for the Community Mental Health Survey 2016.

I, [**insert name of Caldicott Guardian**] the Caldicott Guardian for [**insert trust name**] declare the aforementioned trust to be compliant with the Data Protection Act 1998 and will ensure that data collected while carrying out the Community Mental Health Survey 2016 will conform to the guidelines set out under the section “Data protection and Confidentiality” in the Instruction Manual for the Community Mental Health Survey 2016.

Signature: ………………………………………….. Date: …………………………

I, [**first additional data analyst**] the first additional data analyst for [**insert trust name**] declare I understand the requirements of the Data Protection Act 1998 as they relate to the Community Mental Health Survey 2016 and will conform to these requirements and the guidelines set out under the section “Data protection and Confidentiality” in the Instruction Manual for the Community Mental Health Survey 2016.

Signature: ………………………………………….. Date: …………………………

I, [**second additional data analyst**] the second additional data analyst for [**insert trust name**] declare I understand the requirements of the Data Protection Act 1998 as they relate to the Community Mental Health Survey 2016 and will conform to these requirements and the guidelines set out under the section “Data protection and Confidentiality” in the Instruction Manual for the Community Mental Health Survey 2016.

Signature: ………………………………………….. Date: …………………………