

Data Security Declaration

I confirm I have read and understood Guernsey Disability Alliance's Data Protection Policy and will act in accordance with it.

I am connected with this organisation in my capacity as a

- Member of staff
- Volunteer
- Director/ board member

Signature:

Print name:

Date:

Please return this form to the GDA Director, Social Policy

This form is kept on the organisation's SharePoint site. This form will be available on request in accessible formats and on the GDA website.

Drafted	Approved by Board	Document Date	Review	Document Author / Reviewer
9/11/19				Kerstin Neason
28/05/2024		July 2026		Jane Wonnacott