



DATA PROTECTION POLICY
STATEMENT
25th May 2018

Affiliated to



GCRA+ Collection and Use of Personal Membership Data

GCRA+ has a responsibility to ensure that members' personal data, held by or for GCRA+, complies with Data Protection Laws and the GCRA+ Data Privacy Statements.

GCRA+ is committed to:

- Ensuring that all steps are taken to collect, process, store and use members' personal data in accordance with Data Protection Laws, including the Guiding Principles, and the GCRA+ Data Privacy Statements.
- Providing all employees or representatives of GCRA+ with information and advice to ensure that, where they have a responsibility for the handling of personal data, they do so in accordance with the policy statement.
- Establishing systems and procedures that will ensure GCRA+ and their employees and representatives comply with this policy statement.
- Ensuring that when collecting personal data, the documents include, or make reference to, the GCRA+ Data Privacy statement i.e. whether the statements are included in full on documentation/forms or referred to on documentation/forms.

GCRA+ Data Privacy Statement

As part of core business GCRA+ collects and retains personal information about their members, to be used solely for the purpose of that business which includes:

- Maintaining directory of members and their contact details as per the Membership Application Form and the Self Assessment / Access Health Questionnaire filled in and signed by the member or carer.
 - Paper copies are to be held at the GCRA+ office, with access limited to the administrator, Board of Management Members, GCRA+ Coordinators as required and if necessary the class instructors as required.
 - Electronic copies are to be password protected either securely on a USB and/or on a folder on a Hard Drive and will be appropriately deleted therefrom when no longer required in accordance with this policy.
 - Limited contact details (EG) telephone numbers can be held on agreement between members of their class for communication purposes. If an individual leaves the class other members holding their details for class communication purposes will be required to delete the same.
 - Member's data will be deleted electronically and paper copies destroyed by shredding in the event they leave GCRA+ after 4 years from end of membership.
 - A Copy of the member's Access Health Questionnaire will be retained by the class instructor. This information is held by the instructor to ensure the member receives appropriate exercise for his or her health condition and in the case of an emergency.

Copies of these will be appropriately securely held but available in classes at all times, details contained thereon may be passed to a doctor or paramedic in an emergency situation as per the emergency procedure.

- In the case of an emergency or class incident a report raised by the instructor will be retained by the instructor and a copy retained by the GCRA+ office.
- Where GCRA+ require to make available for wider use information on or from members or staff the GCRA+ Consent Form must be used. The form allows individuals to consent to use information in a variety of ways to inform and promote GCRA+ activities to the public at large.
- Where it is necessary to hold banking and personal information on staff, instructors or members such information will be appropriately securely retained within the GCRA+ offices.

Data Requests. .

On the receipt of a request for information from any outside agency seeking personal details for any GCRA+ member, instructor or staff member the Data Protection Officer will be notified immediately.

Data Breach

In the event of a data breach being either known or suspected by unauthorised access to paper file, USB, electronic folder or personal device or the loss of any such files or devices the Data Protection Officer (to be nominated by the board) is to be informed immediately. The Data Protection officer must inform members and or any appropriate agency of the nature of the breach within 72 hours.



CONSENT FORM



Photographs / Case Studies / Film /Social Media

This consent form has been developed to secure the agreement of individuals (including GCRA+ staff) that GCRA+ may have/take and make available for wider use the following:

- Photographs
- Social media (e.g. Facebook, Twitter)
- Case study materials (text and images)
- Film footage (including stills and audio files)



The individual agreeing to use must sign the consent section below to confirm their understanding and agreement to the terms and conditions listed.

Consent

(To be completed by the individual or carer as appropriate)

I am over 18/ I am the responsible carer, and have read this model consent form carefully (or it has been read to me) and I fully understand its meaning.

Signature: _____ **Date:** _____

Print name in BLOCK CAPITALS: _____

Name of GCRA+ class: _____

GCRA+ staff member/Instructor contact name: _____

I consent to the supply of: *(please tick as appropriate)*

- ☐ Photographs
- ☐ Social Media (Facebook & Twitter)
- ☐ Case study materials (interviews/comments/statements)
- ☐ Film footage/stills/audio files

Full terms and conditions overleaf

Terms and Conditions of Use

I understand that the materials I have consented to will be used in promoting the principles and activities of GCRA+ (Grampian Cardiac Rehabilitation Association). These materials will be primarily used by GCRA+ but may be made available to partner organisations.

Partner organisations may include NHS Scotland, the Scottish Government Health Department, charities and other voluntary sector organisations.

I understand that photographs and film stills taken of me may be added to the GCRA+ Photo Library for wider use including publicity and training purposes. I understand that the materials I have consented to may be used in a variety of formats and platforms including but not exclusive to; publications (both printed and online), media releases, leaflets, posters, presentations, advertising and web sites (including external social media websites). Distribution of these materials may be geographically diverse and I understand that the general public worldwide may see the materials.

Both text and images may be edited to enable use in a variety of formats but this will not change the sentiment of the views expressed therein.

I am aware that materials will be held indefinitely and I can ask for them to be removed at any time by contacting the GCRA+ Office. I understand that appropriate steps will be taken to remove materials on request, but it may not be possible to stop their use completely.

I hereby give my informed consent for the materials to be used as set out above. I know I will not be paid for allowing the materials to be used and I am giving this consent freely without any expectation of more or better services from GCRA+ because of it. Refusal to consent will in no way affect my services or relationship with GCRA+.

For clarification purposes the use of the term 'materials' refers to any or all of the following:

- Text/articles/statements supplied by the individual
- Photographs
- Film footage
- Audio files
- Film stills

GCRA+ will take steps to ensure that materials provided under the terms of this consent form will be used in an appropriate manner. GCRA+ cannot be held responsible for any use of materials by third parties.

Please hand the completed form to a GCRA+ Instructor or Development Coordinator or send to:

GCRA+
Unit 6, Turriff Business Centre
Markethill Road Turriff AB53 4AG



Appendix 2

EXERCISE FOR LIFE

GCRA Ltd, Office 6 Turriff Business Centre, Markethill Ind Est, Turriff, AB53 4AG
Tel. 01888 569160 ~ Email – info@gcra.org.uk ~ www.gcra.org.uk

Self-Assessment Questionnaire & Application Form for access to a GCRA+ exercise class

Before you attend our classes, please complete this form and bring it with you to your first class.

This information will help the instructor to give you the correct advice and make sure that the activities are safe and effective for you.

Name	
Address	
Postcode	
Telephone Number	
Mobile Number	
Email Address	
GP Contact details	
Emergency contact	

If you answer YES to any of the following questions, please discuss these exercise classes with a health professional before you attend. This is because the exercise classes may need to be adapted to meet your needs or they may not be suitable for you.

	YES	NO
Have you ever had a medical advice NOT to exercise?		
Do you feel pain in your chest when you do physical activity?		
Do you lose your balance because of dizziness?		
Do you ever lose consciousness?		
Do you get breathless doing daily activities?		
Have you ever been told you have a Heart condition, Angina or High Blood Pressure? If YES, circle the following: Heart Attack High Blood Pressure Angina Arrhythmias Coronary Bypass Stents Implantable devices Other? _____		
Are you on any of the following medication? Beta Blockers ACE Inhibitors Calcium Blocker GTN Spray Aspirin/ Clopidogrel Warfarin Diuretics Other? _____		

Continued overleaf....

	YES	NO
Do you have diabetes? If Yes, please circle which one. Type 1 Type 2		
Are you on Insulin or oral medication?		
Do you have a respiratory (lung) condition? e.g. COPD, chronic bronchitis or asthma? If YES, do you have an inhaler?		
Do have a bone, joint, muscular or neurological condition that affects your ability to take part in physical activity? Back Pain Osteoporosis Multiple Sclerosis Epilepsy Parkinson's Disease Chronic Fatigue Arthritis Other?		
Do you have a knee or hip replacement? If Yes, please explain.		
Do you currently have Cancer or are a Cancer survivor? If YES, are you currently on any treatments e.g. chemotherapy, radiotherapy, hormone therapy?		
Have you had any surgery or an operation in the past 12 months? If Yes, please explain.		
Have you had a fall in the last 12 months?		
Do you have any other needs (e.g. walking aids, physical disability, hearing or sight difficulties?) If YES, please explain.		
Please provide any information of Current Medications to the instructor <i>Please bring any GTN spray or inhalers to class with you.</i>		

Declaration:

- The information I have given is correct, to the best of my knowledge
- If my answer to any of the questions changes, I will let the instructor know straight away and I will not take part in the class until I have done so.
- This information will be stored securely in accordance with the Data Protection Act 1998. No personal identifiable information will be made public or shared with any other organisation.

Print Name

I am taking part in these classes voluntarily and entirely at my own risk

Signature

Date.....

NB. Class fees are £4. Per class and annual membership is £10

A Company Limited by Guarantee no SC252927. Register

Updated 2017



Appendix 3

EXERCISE FOR LIFE

GCRA Ltd, Office 6, Turriff Business Centre, Markethill Industrial Estate, Turriff, AB53 4AG
Tel.01888 569160 ~ E-mail info@gcra.org.uk ~ www.gcra.org.uk

MEMBERSHIP APPLICATION FORM

MEMBERSHIP FEE £10.00 for 12 months.

I wish to become a member of GCRA Ltd and enclose a cheque/cash for £10.00.

Your details will be stored electronically on our database and will be used to contact you for membership renewals and to send you any updates from GCRA, including news & events.

Please contact the GCRA office if you do not wish to receive any GCRA updates

Name: Mr/Mrs/Miss/Ms.....(Please use CAPITALS)

Address:
.....
..... Post code:

Telephone Number: E.mail:

Name of Class or Classes Attending:.....

Signed: Date:

(Office use only) Membership Number: Renewal Date:

✂ -----

Receipt: GCRA Ltd

Received from:The sum of £10.00

Signed for and on behalf of GCRA:.....

Date: