|  |  |
| --- | --- |
|  |  |

## Data Movement Form

|  |
| --- |
| Version History |
| Author | Date | Version Number |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |

|  |  |  |
| --- | --- | --- |
| Record number |       | (Field to be completed by OST / NOMS IA) |

|  |  |  |
| --- | --- | --- |
| Confirmation of Completion (Date) |       | (Field to be completed by OST / NOMS IA) |

## 1. Application

|  |  |
| --- | --- |
| Full name of person requesting the data transfer |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone number |       |  |  |

|  |  |
| --- | --- |
| Location  |       |

2

|  |  |  |  |
| --- | --- | --- | --- |
| Email |       |  |  |

## 2. Describe what is being moved

|  |  |
| --- | --- |
| a. Information Asset to be moved: |       |

 b. If the data includes personal data have the privacy risks been identified and mitigated against or accepted?  (This can be done by completing a PIA) [ ]  Yes [ ]  No [ ]  N/A

|  |  |
| --- | --- |
|   c. What is the security classification of the data? | [ ]  OFFICIAL  Is any of the data marked OFFICIAL-SENSITIVE? [ ]  YES [ ]  NO[ ] SECRET [ ] TOP SECRET  |

## 3. Why is it being moved?

|  |
| --- |
|       |

##  4. When is this move due to take place?

|  |
| --- |
|       |

##  5. What is the frequency of this move?

This will be a single move only [ ]

There will be more than one move [ ]

How Frequent?

|  |  |
| --- | --- |
|       |  |

##  6. Where is the Equipment or Data being moved to?

|  |  |
| --- | --- |
| Location / Company |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Security classification level that the destination is approved to handle. |       |  |  |

##

## 7. Method of Movement Plan

1. How will any data be extracted?

|  |
| --- |
|       |

1. What is the size (in MB or GB) of data to be moved?

|  |
| --- |
|       |

1. Is there a Data Sharing Agreement in place? [ ]  Yes [ ]  No
2. Name of person performing the extract.

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name | Business Area or Supplier | Phone Number | Security Clearance |
|       |       |       |       |

1. Name of person validating the data extracted is what was expected – (Independent/ authority verification).

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name | Business Area or Supplier | Phone Number | Security Clearance |
|       |       |       |       |

1. Do you need to borrow an approved encrypted mass storage device from Operational Security?

[ ]  Yes [ ]  No

1. Describe how the data will be moved or how the data bearing equipment will be transported.

|  |
| --- |
|       |

1. Who is / are the responsible person(s) involved in the transportation process?

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name | Business Area or Supplier | Phone Number | Security Clearance |
|       |       |       |       |
|  |  |  |  |

##  8. Permission to move: Who is the Information Asset Owner / SRO / Head of Group?

|  |  |
| --- | --- |
| Name of Information Asset Owner (IAO / SRO / Head of Group) |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone number |       |  |  |

|  |  |
| --- | --- |
| Email |       |

Has the IAO / SRO / Head of Group given approval for the move? [ ]  Yes [ ]  No

 **9. Confirmation / Completion**

1. How and when will confirmation be received to confirm that the move has been successful?

|  |
| --- |
|       |

1. Who will be confirming receipt?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Full Name | Business Area or Supplier | Phone Number | Security Clearance |
| Confirming Receipt |       |       |       |       |
| Accepting Confirmation |       |       |       |       |

1. Will any temporary Storage Device be securely erased / destroyed when the move is completed?

 [ ]  Yes [ ]  No

(If Yes - Please provide details)

|  |
| --- |
|       |

d. Who will be confirming that the destruction of the data has been successfully completed?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Full Name | Business Area or Supplier | Phone Number | Security Clearance |
| Confirming Destruction |       |       |       |       |
| Accepting Confirmation |       |       |       |       |

##

## 10. DMF Decision

Application [ ]  Approved [ ]  Refused

|  |  |
| --- | --- |
| Notes if applicable |       |

|  |  |
| --- | --- |
| Name of person making this decision |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Date |       |  |  |

##  11. In case of any incident please contact:

* Security@justice.gov.uk - (All cases)
* OperationalSecurityTeam@justice.gov.uk - (Non-HMPPS cases)
* InformationMgmtSecurity@justice.gov.uk - (HMPPS cases)

**Appendix A**

 This is page [Insert Number     ]  of [Insert Number     ]  from the DMF referenced [Insert Change Ref or DMF Ref     ]  which refers to the movement of a total of [Insert Number     ]  assets

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Device** | **Asset Number** | **Make/Model** | **Serial Number** |
| 1 |       |       |       |       |
| 2 |       |       |       |       |
| 3 |       |       |       |       |
| 4 |       |       |       |       |
| 5 |       |       |       |       |
| 6 |       |       |       |       |
| 7 |       |       |       |       |
| 8 |       |       |       |       |
| 9 |       |       |       |       |
| 10 |       |       |       |       |
| 11 |       |       |       |       |
| 12 |       |       |       |       |
| 13 |       |       |       |       |
| 14 |       |       |       |       |
| 15 |       |       |       |       |
| 16 |       |       |       |       |
| 17 |       |       |       |       |
| 18 |       |       |       |       |
| 19 |       |       |       |       |
| 20 |       |       |       |       |
| 21 |       |       |       |       |
| 22 |       |       |       |       |
| 23 |       |       |       |       |
| 24 |       |       |       |       |
| 25 |       |       |       |       |
| 26 |       |       |       |       |
| 27 |       |       |       |       |
| 28 |       |       |       |       |
| 29 |       |       |       |       |
| 30 |       |       |       |       |

I certify that I have taken receipt of the 30 assets described above

Signed Witnessed by

Dated Dated

Name Name

Company Company

I certify that I have accepted delivery of the 30 assets described above

Signed Witnessed by

Dated Dated

Name Name

Company Company