



DATA PROTECTION AGREEMENT FOR CE/JI SPONSOR ORGANISATIONS

This form must be completed by all members of the sponsoring group, supervisors, team leaders and assistant supervisors accessing information on CE/ JI participants. This declaration should be held on file.

I, _____, the undersigned, fully understand, and hereby undertake to comply with all the terms and conditions of the Data Protection Acts 1988 to 2018 and the Department of Employment Affairs and Social Protection (DEASP) Data Protection Policy in relation to my use of the DEASP computer systems and any other customer data learned or developed during the course of my duties.

I also understand and agree to fully comply with the requirements of the Social Welfare Consolidation Act 2005 in relation to the use of the PPS Number/Public Service Identity Data and any legislation amending same.

I will keep the data secure and not disclose personal data to any unauthorised person or third party. I will use the data only for the purpose for which it is provided. I agree that any access to or use of the data other than for business purposes is a breach of my obligations to DEASP customers and my responsibilities under the Data Protection Acts.

I will obtain data only from the agreed sources and I accept that I am fully responsible for all activity logged through my account.

PLEASE PRINT DETAILS	First Name	Middle Initial	Surname
Name:			
Role in the organisation:			
CE Sponsor Name:			
CE Sponsor ERN:			
Location Address:			
Telephone No:			
E-mail Address:			
Signature:			
Date:			