Annex 'A' to Code of Practice For CCTV in Trinity College

CCTV SYSTEMS IN COLLEGE PREMISES

CONFIDENTIALITY STATEMENT AND UNDERTAKING

I understand that, as part of my contract of employment with the College I may be required to operate Closed-Circuit Television monitoring and recording equipment (CCTV equipment) installed as part of the College's security arrangements.

I confirm that I have had explained to me and fully understand the importance of operating and using the CCTV equipment entirely in accordance with the Code of Practice and all other instructions governing this, issued to me from time to time. In particular, I understand the need to maintain confidentiality about events and/or staff or public movements seen or recorded by the CCTV equipment, unless required or authorised to disclose these in accordance with the Code of Practice.

I therefore undertake not (except in the proper course of my duties with the College and as required or authorised in writing by the Junior Bursar), during or after my period of employment with the College, to divulge to any person whatsoever or otherwise make use of (and will use my best endeavours to prevent the improper publication, disclosure or use of) any information about events and/or staff, College members or public movements seen or recorded by CCTV equipment.

I understand that any breach of this undertaking, the Code of Practice or other instructions concerning the use or operation of the CCTV equipment or its recorded images may amount to gross misconduct and will result in disciplinary action, which may lead to my dismissal. I also understand and agree that, if such breaches involve the supply of information or material to a third party for gain or reward, the College will be entitled to payment of a sum equal to the (open market value of the) gain or reward (financial or in kind) received by me and will take legal action to enforce this. I further agree that the College may deduct such sum from any monies owed to me.

Signed	Name
Dated	

In the presence of (signature and name of witness).....

VIEWING REGISTER

Date of Viewing	Time of Viewing	Reason for Viewing	Authorised by	Signature	Date of Incident	Time of Incident	Remarks

CCTV REGISTER

Date in CD	Time in CD	CD Destruction Number	Inserted By	Signature	Date Removed	Time Removed	Removed By	Signature	Number of Times CD Used	Destruction Details	Remarks (Including issues to enforcement agencies)

ISSUE CERTIFICATE

COPY OF ORIGINAL (MASTER) EVIDENCE

CD-R Copy No:...... Original File Reference No:...... PIN/Crime No:.....

Trinity College retains the ownership and copyright of the images recorded on this CD-R. It consents to the release of the images only for the purposes stated in the request for the release and on the conditions set out in this certificate. Use of the images for any other unauthorized purposes is not permitted.

Issue to an external agency is also conditional upon the external agency being solely responsible for:

- 1. The security and integrity of the contents of this CD-R until its return to the College
- 2. The accuracy and quality of any additional copies required and the maintenance of an audit trail for continuity of evidence
- 3. Once the investigation/case is closed or the images are no longer required for the purposes for which it was issued, the retrieval of the original copy and any additional copies made and the return of them to the College or, with the consent of the Junior Bursar, its or their destruction and confirmation of this to the College.

Issue internally within the College to the person signing below is conditional upon that person being responsible for:

- 1. The security and integrity of the contents of this CD-R until its return to the Head Porter or the Junior Bursar
- 2. The maintenance of an audit trail for continuity of evidence
- 3. The return of the CD-R to the Head Porter or the Junior Bursar, once any investigation/case is closed or the images are no longer required for the purposes for which it was issued.

CD-R Number:				
Issued to: Rank/Title:	No:	Name:		_
Organisation and Contact Address:				_
Contact Tel No:	Date:	Time:	Signature:	