



## University Document Control Policy

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# University Document Control Policy

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## 1. Introduction

1.1 The University relies on a wide range of official documents to conduct its activities. Some of these documents are produced by third parties, but the majority are produced by the University. They generally seek to define, advise on or regulate a particular activity. The purpose of this document is to standardise the development of internal University documents and to make them easier to produce.

## 2. Scope of Policy

2.1 This policy applies to all University regulations, policies, procedures and other related documents. A more comprehensive list is included in the 'Definitions' section below. Where a document requires approval by Council or Senate, this will generally not be given unless the requirements of this policy and its associated templates have been followed.

## 3. Responsibilities

3.1 All staff, students and University bodies are required to comply with the terms of this policy.

## 4. Definitions

- 4.1 This section contains a non-exhaustive list of the types of official documents that are used or produced by the University and their definitions. Generally speaking, types of document higher up the list are approved by more senior University bodies, such as Council or Senate, and types of document further down the list are approved by less senior bodies. This means that where there is an inconsistency between two documents, the document approved by the more senior body will usually take precedence. Care needs to be taken when drafting a new document to ensure that its provisions are not inconsistent with those of a document of greater authority (i.e. Articles of Association, University Regulations).
- 4.2 There is a close interaction between University policies (see 4.13 and 4.14), procedures (see 4.16) and other documents such as guidance (see 4.17). Generally a policy will set out the University's agreed approach to a particular issue, while a procedure will provide instructions on how this approach will be implemented. Guidance or other documentation may be produced to facilitate use of or explain particular aspects of a procedure.
- 4.3 When producing a new document a decision will need to be made as to what type it should be (i.e. policy, procedure etc). The definitions provided in Section 4 should be used as a starting point to make this decision. The Deputy University Secretary can provide advice in cases of uncertainty.
- 4.4 Variations to the definitions contained in this section, particularly with respect to the appropriate approval body or review date, may be contained in the document itself. It may for example be necessary to review some documents more frequently as a result of external statutory or regulatory requirements.
- 4.5 **Legislation:** External statutory or regulatory documents enacted by Parliament (or any other legislature) or by another external body under delegated authority.
- 4.6 **Governing Documents:** The Articles of Association establish the purpose of the University as an institution of teaching and research and as a limited company. In combination with the University Regulations (see below), they define the duties and responsibilities of senior bodies, including the University Council, Senate, and its senior staff. Changes to governing documents, or other documents with constitutional significance, may need to be reported to the Office for Students.
- 4.7 **Strategies:** The University Council approves an institutional strategic plan of a fixed duration, and this is a principal mechanism by which Council measures the performance of the University and its management. This University strategic plan

is supported by specific thematic strategies, which set out in more detail how the strategic plan will be implemented.

Examples include: Research Strategy, Financial Strategy, Human Resources Strategy  
Body to approve: University Senate and/or relevant Committee of Council  
Review frequency: Duration of University Strategy

- 4.8 **Regulations:** There are a limited number of other University regulations and these are provided for in the University's governing documents. New regulations should not be produced without the prior approval of the University Council.

Examples include: University Regulations, Academic Regulations, Financial Regulations  
Body to approve: University Council (unless otherwise provided for)  
Review frequency: As specified

- 4.9 **Strategic Policies:** Policies with high-level or strategic implications or those which are impacted by external statutory or regulatory requirements. This includes policies that are specifically defined or governed by the Articles of Association or University Regulations.

Examples include: Risk Management Policy, Health & Safety Policy  
Body to approve: University Council  
Review frequency: 3 years

- 4.10 **Operational Policies:** Other University policies which refer to a specific area of University activity, or impact on a specific group of University members.

Examples include: Smoke Free Policy, Personal Relationships at Work Policy  
Body to approve: University Senate and/or relevant Committee of Council  
Review frequency: 3 years

- 4.11 **Codes of Practice:** A statement setting out expectations of behaviour, conduct or action in respect of a particular aspect of University activity.

Examples include: Student Code of Conduct  
Body to approve: University Senate and/or relevant Committee of Council  
Review frequency: 2 years

- 4.12 **Procedures:** Procedures set out the persons responsible and the process or actions required to undertake a particular activity, implement a policy or respond to a breach of a code of practice.

Examples include: Staff Disciplinary Procedure, Student Complaints Procedure  
Body to approve: University Senate and/or relevant Committee of Council  
Review frequency: 2 years

4.13 **Guidance, Handbooks, Manuals, Forms, Standard Operating Procedures, Frameworks etc:** Documents supporting or clarifying a policy, code of practice or procedure.

Examples include: Expenses Claim Form, Student Appeals Guidance  
Body to approve: Policy, Code of practice or procedure owner  
Review frequency: 2 years

## 5. Document control

5.1 Document control ensures that University documents are up-to-date and gives users confidence in our processes. Document control also helps the University to demonstrate that it is complying with its legal obligations. The University Secretariat maintains a database of strategies, policies and procedures to ensure that reviews and updates are carried out in a timely manner. To facilitate document control, the following information should be included on the cover page of every University document that is covered by this procedure (see Appendix 1 for a template).

5.2 **Name:** The name of the document in question.

5.3 **Owner:** A document owner is the person responsible for the document's maintenance once approval has been given by the approver, including reviewing the document in advance of the review due date and seeking approval for any necessary changes. The owner should be recorded as the role rather than the name of the individual (i.e. 'University Secretary'). The owner is the first point of contact for any queries relating to the document.

5.4 **Approver:** The approver is the person, group or University body which has ultimately approved the document. This may be, for example, the University Council or Senate. The date of approval should also be recorded.

5.5 **Review due date:** The review due date is the date by which the review should have been completed, any changes should have been made and the document should have been considered and approved by the reviewer. Sufficient time should be afforded to undertake a review before the review due date. See Section 4 above for the normal review frequency for different types of document.

- 5.6 **Current Version:** The first version of a document should be marked '1.0'. Minor amendments should be denoted as follows: 1.1, 1.2, 1.3 etc. Major amendments or new versions of the document should be denoted as follows: 1.0, 2.0, 3.0 etc.
- 5.7 **Update history:** The version history section should reflect minor amendments to the current version, and previous full versions. It is not necessary to include minor revisions of previous full versions. The date of each amendment should be included.
- 5.8 **Document Type:** The document type as set out in Section 4 should be entered on the document cover page.
- 5.9 **Classification:** Section 6 sets out three classifications of documents that fall within the scope of this policy. The relevant classification should be entered on the document cover page.

## 6. Document classification

- 6.1 For the documents that fall within the scope of this policy, there are three classifications that relate to the type of disclosure that can be made:
- 6.2 **Public:** Should be published on the University website and can be shared with students and third parties. The University Secretariat manage the University's outward facing [policies page](#) and can upload approved documents.
- 6.3 **Internal Only:** Should be made available to staff only through the University's Staff Portal. Should not be shared with students or third parties.
- 6.4 **Confidential:** In advance of the relevant meeting, should be made available to specific University staff and committee members only and as necessary. Should not be shared with students, third parties or other staff. May be shared more widely after the relevant meeting with the agreement of the author.
- 6.5 **Strictly confidential:** Should be made available to specific University staff and committee members only and as necessary. Should not be shared with students, third parties or other staff. Cannot be share more widely after the relevant meeting.

## 7. Document approval process

- 7.1 Both the University Council and Senate have a range of standing committees and groups that have specialist knowledge of a particular area of activity. Council and Senate will rely on these committees and groups to undertake detailed scrutiny of

a proposed document, to consult appropriately and to make any necessary changes before recommending it for approval.

7.2 Documents of strategic importance to the University, particularly those with material financial implications, should also be considered by the Vice-Chancellor's Advisory Group (VCAG) prior to submission to the approving body.

7.3 No papers with recommendations should be submitted to Council or Committee of Council without the approval of the Vice-Chancellor or, exceptionally, the University Secretary & Registrar. Agendas for meetings of Council or Council Committees should be considered by VCAG and approved by the respective Committee Chair.

7.4 Documents to be approved by Council should have first been scrutinised by one or more of the following bodies or individuals:

- Vice-Chancellor
- University Secretary & Registrar
- Senate
- Vice Chancellor's Advisory Group
- Finance and Estates Committee
- Audit Committee
- Health & Safety Committee
- Nominations and Governance Committee
- Equality, Diversity and Inclusion Committee
- Joint Honorary Awards Committee
- Remuneration Committee

7.5 Documents to be approved by Senate should have first been scrutinised by one of the following bodies or individuals:

- Vice-Chancellor
- RSU President
- Secretary to Senate
- Council and Committees of Council
- Vice-Chancellor's Advisory Group
- Learning, Teaching and Quality Committee
- Curriculum Strategy Committee
- Student Life Committee
- Ethics Committee
- Joint Honorary Awards Committee
- Research Committee

- Research Degrees Committee
- Department Committees
- Awards and Progression Boards

7.6 Further specific advice and guidance about document approval can be provided by the Deputy University Secretary.

7.7 Gaining approval for University documents can take longer than expected. If a document needs to be approved by Council or Senate and one or more of their committees or groups, the author should consider the Schedule of University Meetings to work out a realistic timescale for approval. Authors should also take into account the time it will take to consult with stakeholders. To avoid unnecessary delays, consultation with different stakeholder groups can take place simultaneously.

7.8 Appendix 2 sets out an indicative approval timeline, which will vary depending on the nature of the document being developed.

## **8. Cover papers**

8.1 A document provided for approval by Senate or Council must include a cover paper (see Appendix 3 for a template). Unless there is a good reason, Council and Senate will not approve documents that do not use the template.

8.2 The cover paper should include the following information:

- A summary of document's key provisions and the reasons for its creation (for new documents)
- A summary of the changes and the reasons these are required (for existing documents)
- The body recommending the document for approval
- Any bodies or individuals who have been consulted, including the results of impact assessments where required (see Sections 9 - 11 below)
- Link to the University's strategic plan
- Any required follow up or implementation

8.3 Minor amendments should be presented with tracked changes in Microsoft Word. Significant amendments or entire revisions should be presented without tracked changes, with the original version of the document included for reference.



## 9. Consultation and risk management

- 9.1 Consultation is an essential aspect of document approval. Consulting early with key stakeholders means that documents are less likely to be rejected by approval bodies or require substantial amendment at later stages. It also promotes positive engagement with change from stakeholders. This section is not exhaustive and prescriptive, and the overriding principle is that consultation should take place with those groups that are likely to be affected by a document. Document authors should always consider whether consultation is necessary with respect to the following:
- 9.2 **Students:** If a document affects students, then Roehampton Students' Union (RSU) should be consulted before approval is sought. Many existing University groups who may produce documents for approval already have members of RSU built into their composition and in this case additional consultation with students is not a requirement. However, consideration should be given to consulting with students directly, including with particular groups of students that may be affected by the publication of a document. Authors of documents that will affect research students should consult with the Research Office or Graduate School.
- 9.3 If a document is likely to affect the student contract, authors should be aware that changes will not normally be permitted to take effect midway into the academic year and will need to be implemented at the beginning of the next academic year. This is to ensure that the University complies with its obligations under consumer protection legislation. If there is an urgent need to alter a document affecting the contractual rights of students and implement it mid-year, advice should be sought at the earliest opportunity from the Academic Registrar.
- 9.4 **Staff:** University documents that are likely to have a direct impact on staff should generally developed in consultation with Human Resources, particularly those that will impact on employment contracts. The University has an agreement in place with recognised trade unions which set out a consultation period of at least ten weeks. This timescale should be taken into account at the project planning stage. Documents impacting on staff may also require consultation with the Vice-Chancellor's Advisory Group and the relevant [Staff Networks](#). In some cases, it may be appropriate or necessary to consult more broadly, running specific focus groups or holding events designed to consult with a broad range of staff at the University.
- 9.5 **Financial Impact:** If approval of the document is likely to have a financial impact, the author should first consult with the relevant budget holder and with the Finance Department. If the financial impact is likely to be significant, or the policy has University wide or strategic financial impact, it should be submitted to the Vice-

Chancellor's Advisory Group for consideration before submission to the relevant approving body.

9.6 **Communications:** If the document is likely to have an impact on staff or students, or will require University wide dissemination, the Communications Department should be consulted prior to approval.

9.7 **Health and Safety:** If the document in development is likely to have an impact on the health and safety of staff or students, the author will need to conduct a risk assessment prior to approval. The Health and Safety Department can provide advice on this.

9.8 **Other Areas:** Depending on the nature of the document being developed, it may be necessary to consult with a range of other University departments, including but not limited to the following:

- IT Services
- Legal Services
- Disability Services
- Insurance
- Estates and Campus Services (including for environmental impact)

## 10. Equality impact assessments

10.1 The University has a published Equality and Diversity Policy that sets out the ways in which the University will ensure compliance with the Equality Act 2010. In doing so, the University must have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act
- Advance equality of opportunity between people from different groups
- Foster good relations between people from different groups

10.2 In order to demonstrate this due regard, the University must consider the above three aims with respect to its management and decision-making. The Equality Challenge Unit recommends in particular that Universities pay attention to these aims when:

- Developing, evaluating and reviewing policies
- Designing, delivering and evaluating services, including education provisions
- Commissioning and procuring services from others

- 10.3 All decision-makers at the University should seek to incorporate the above considerations and determine whether the decision in question has an impact on individuals with protected characteristics or protected groups. In addition, all items submitted for approval by Senate or Council will require an equality impact assessment (EIA) to be completed.
- 10.4 Any documents to be approved must also seek to uphold the University's [Equality Objectives](#).
- 10.5 The University has developed a template for conducting equality impact assessments (see Appendix 4). The member of staff completing the template should do so with regard to the following principles:
- That conducting equality impact assessments will improve the quality of decision-making and allow the University to more effectively meet its equality objectives
  - That equality impact assessments should include consultation with an appropriately wide range of stakeholders
  - That equality impact assessments should be conducted as early as possible in the project lifecycle or decision-making process and updated throughout as required
  - That the detail required for an equality impact assessment should be proportionate to the decision being made

**Groups to consult:** In addition to the consultation set out in Section 9 above, when conducting an equality impact assessment it may also be useful to consult with the relevant staff networks. Contact details for these networks can be found on the [Staff Equality Networks](#) page.

- 10.6 **Approval:** It is the responsibility of the approver (see Section 4 above) to confirm that an Equality Impact Assessment has been conducted and that the decision in question conforms to the principles set out in the University's Equality and Diversity Policy.

## 11. Data protection impact assessments

- 11.1 The Data Protection Act 2018 requires that a data protection impact assessment (DPIA) is carried out for processing that is likely to result in a high risk to individuals.
- 11.2 Appendix 5 contains a framework for determining if a data protection impact assessment is required. This must be completed where a document sets out a new or different way of processing personal data.

11.3 Depending on the outcome of this assessment, a full data protection impact assessment may be required.

## **12. Presentation and use of language**

12.1 University documents should be written in plain English. Advice about how to write in plain English is available online from the Plain English Campaign. Documents should avoid using jargon, particularly if they are student facing.

12.2 Documents should be produced in a generally accessible format. Disabled Access Day provide useful advice for document authors [here](#). If proportionate to do so, document authors may want to consider producing the document in alternative formats to ensure that it is accessible. Examples of accessible formats include large print, audio, braille and easy read.

12.3 University documents should avoid using gendered language (e.g. he/she, his/her). Alternatives could include referring to the class of subject (e.g. the student, the member of staff) or using gender neutral pronouns (e.g. they/their). Care should be taken to ensure that the use of language does not result in ambiguity within a document, for example where 'they' or 'their' could be read as either a gender neutral or plural pronoun.

12.4 It is good practice to use hyperlinks to link to relevant information and documentation, but care should be taken to ensure that only permanent, static links are used and that these are regularly checked.

12.5 University documents classed as policies (see Section 4) should be formatted in accordance with the University Policy Template (see Appendix 6). This has been designed to ensure that University policies are presented in an accessible way and are consistently formatted. Unless there is a good reason, Council and Senate will not approve new or revised policies that do not use this template.

12.6 University documents should not include unnecessary jargon or acronyms. Where necessary, a glossary of terms should be included.

## **13. Appendices**

## Appendix 1 - Document Cover Sheet Template

See Section 5 of the Document Control Policy for guidance on completing this template



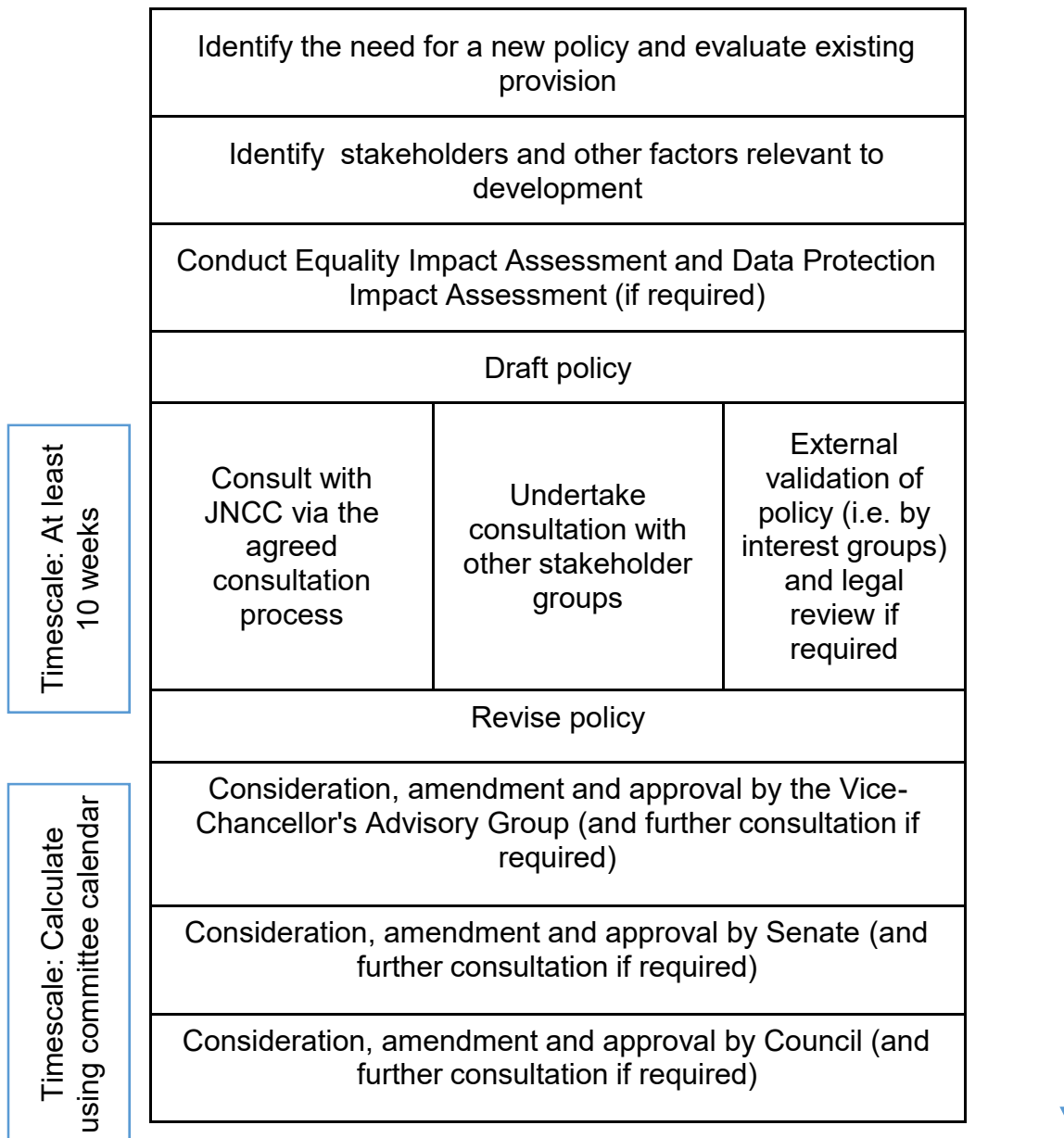
### DOCUMENT TITLE

Owner:	
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To discuss receiving the document in an alternative format, please contact insert contact.

## Appendix 2 – Example document approval timeline

The below sets out an example of an approval timeline for a policy that affects University staff and requires approval by Council. Consultation with JNCC is required, as is an Equality Impact Assessment and a Data Protection Impact Assessment. Actual timelines will vary depending on the type of document being approved and the consultation required.



## **Appendix 3 – Senate/Council Cover Paper Template**

See Sections 7 - 11 of the Document Control Policy for guidance on completing this template

### UNIVERSITY OF ROEHAMPTON **COUNCIL/SENATE**

#### **Paper Title**

#### **1. Summary and recommendations**

Please provide a high-level summary of the paper and the decisions that the committee is being asked to make (i.e. to receive, discuss, approve, recommend).

#### **2. Paper history**

List the University committees or groups that have already received the paper or item, the date on which it was received and the decision of the committee or group.

#### **3. Link to Strategic Plan**

Explain how the paper supports the University's Strategic Plan or specific strategy (i.e. student experience strategy) as appropriate.

#### **4. Consultation**

Provide a description of the groups/stakeholders who have been consulted in preparing this paper. Consideration should be given to the advice in Sections 9-11 of the University Document Control Policy.

#### **5. Paper Specific Sections**

Insert here any sections specific to the paper. If a particular document needs to be provided to the committee, a copy should be attached to this cover paper as an appendix and referenced in this section. Appendices should use the following style:

- Size 12 Arial font
- Left alignment
- Normal page margins
- Avoid the use of underlining and italics. Instead use bold and different font sizes to identify sections/headings
- Avoid excessive use of tables and text boxes

**6. Financial implications**

Include details of any financial implications.

**7. Risk management**

Confirm whether the proposal creates any risk to the University and provide evidence to demonstrate how this will be managed. Ensure that appropriate consideration has been given to the following areas:

- Legal
- Insurance
- Health & Safety
- Environmental Impact
- Due Diligence

**8. Equality impact assessment**

If required, attach the completed equality impact assessment (see Document Control Policy) as an annex to this cover paper.

**9. Data privacy impact assessment**

If the document in question results in a new or different way of processing personal data, then the DPIA Initial Evaluation document (see appendix 4) should be completed and attached to this paper. Where the DPIA Initial Evaluation results in a full Data Protection Impact Assessment being required, the full DPIA should be attached instead of the DPIA Initial Evaluation document.

**10. Attachments**

Annex 1 –

*Name of paper*

*Author*

*Date of paper*



## **Appendix 4 – Equality impact assessment template**

See Section 10 of the Document Control Policy for guidance on completing this template

### **University of Roehampton – Equality Impact Assessment**

Please answer all questions.

**1. Name of the University initiative (i.e. policy, strategy, decision)**

Insert answer

**2. What is the aim, objective or purpose of initiative?**

Insert answer

**3. Who is responsible for developing the initiative?**

Insert answer

**4. Who is responsible for implementing the initiative?**

Insert answer

**5. Who is the initiative intended to benefit?**

Insert answer

**6. How will you know if this initiative has been successful?**

Insert answer

7. **What is the impact of the initiative on people or groups with respect to the following characteristics? Please include information or evidence to support your answer.**

	Positive	Negative	Neutral	Explanation and evidence
Age				
Disability				
Gender reassignment				
Marriage and civil partnership				
Pregnancy and maternity				
Race				
Religion or belief				
Sex				
Sexual orientation				

8. **Is the initiative designed or does it have the potential to promote equality for particular groups or good relations between groups? If so, how?**

Insert answer

9. **Who has been consulted?**

Insert answer

10. **Do you need to carry out further formal/informal consultation internally or externally in order to answer questions 8 or 9? If so, who needs to be consulted? What method or mechanism would be best suited for this consultation?**

Insert answer

11. **What action could be taken to mitigate any negative impacts identified or is there an opportunity to take steps to address different needs or promote equality of opportunity more effectively? If yes, please comment and complete action plan (see below).**

Insert answer

**12. Who will be responsible for monitoring the implementation of the action plan?**

Insert answer

**13. Please outline how you have revised the initiative (if necessary) in the light of the Equality Impact Assessment. If no change is to take place please give reasons.**

Insert answer

**14. Please indicate when you think this initiative should be reviewed next:**

Insert answer

**15. Equality Impact assessment completed by:**

Name:	
Post title:	
Department:	
Date completed:	

## Appendix 5 – DPIA Initial Evaluation Template

See Section 11 of the Document Control Policy for guidance on completing this template

### University of Roehampton – DPIA Initial Evaluation

Please complete the following table of questions. If the answer to any of the questions is yes, then a full data protection impact assessment (DPIA) is required. A copy of the full DPIA form and advice can be obtained from the [Data Protection Officer](#). A glossary of terms is contained at the end of the form.

<b>Will the project:</b>	<b>Usage(Y/N)</b>
Use systematic and extensive profiling with significant effects?	
Process special categories of data or personal data relating to criminal offences on a large scale?	
Use public monitoring on a large scale?	
Use new technologies?	
Use profiling or special categories of data to decide on access to services?	
Profile individuals on a large scale?	
Process biometric data?	
Process genetic data?	
Match data or combine datasets from different sources?	
Collect personal data from a source other than the individual without providing them with a privacy notice (“invisible processing”)?	
Track individual’s location or behavior?	
Profile children or target marketing or online services at them?	
Process data that might endanger the individual’s physical health or safety in the event of a security breach?	
Evaluation or scoring of data subjects?	
Automated decision-making with significant effects?	

Systematic processing of sensitive data or data of a highly personal nature?	
Processing on a large scale?	
Processing of data concerning vulnerable data subjects?	
Innovative technological or organisational solutions?	
Processing involving preventing data subjects from exercising a right or using a service or contract?	

DPIA Initial Evaluation completed by:

Name:	
Post title:	
Department:	
Date completed:	

## DPIA Glossary

**Systematic and extensive profiling with significant effects:** any systematic and extensive evaluation of personal aspects relating to natural persons which is based on automated processing, including profiling, and on which decisions are based that produce legal effects concerning the natural person or similarly significantly affect the natural person.

**Large-scale use of sensitive data:** processing on a large scale of special categories of data or of personal data relating to criminal convictions and offences.

**Public monitoring:** systematic monitoring of a publicly accessible area on a large scale.

**New technologies:** processing involving the use of new technologies, or the novel application of existing technologies including Artificial Intelligence (AI).

**Denial of service:** decisions about an individual's access to a product, service, opportunity or benefit that is based to any extent on automated decision-making (including profiling) or involves the processing of special category data.

**Large-scale profiling:** any profiling of individuals on a large scale.

**Biometrics:** any processing of biometric data.

**Genetic data:** any processing of genetic data, other than that processed by an individual GP or health professional for the provision of health care direct to the data subject.

**Data matching:** combining, comparing or matching personal data obtained from multiple sources.

**Invisible processing:** processing of personal data that has not been obtained direct from the data subject in circumstances where the controller considers that compliance would prove impossible or involve disproportionate effort.

**Tracking:** processing which involves tracking an individual's geolocation or behaviour, including but not limited to the online environment.

**Targeting of children or other vulnerable individuals:** the use of the personal data of children or other vulnerable individuals for marketing purposes, profiling or other automated decision-making, or if you intend to offer online services directly to children.

**Risk of physical harm:** where the processing is of such a nature that a personal data breach could jeopardise the [physical] health or safety of individuals.

**Evaluation or scoring of data subjects:** for example, data processing relating to the assessment of students or the evaluation of staff performance.

**Automated decision-making with significant effects:** for example, admissions decisions.

**Systematic processing of sensitive data or data of a highly personal nature:** for example, processing of health information by Disability Services.

**Processing on a large scale:** for example, data processing that affects an entire University data subject category, such as students.

**Processing of data concerning vulnerable data subjects:** for example, data processing relating to students with mental health issues.

**Innovative technological or organisational solutions:** for example, the move from local to cloud based data storage solutions.

**Processing involving preventing data subjects from exercising a right or using a service or contract:** for example, processing that results in a student being withdrawn from the University as a result of poor engagement.

## Appendix 6 – University Policy Template

See Section 12 of the Document Control Policy for guidance on completing this template



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The table of contents can be updated by right clicking the table and selecting 'update field'.

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**1.1 Sub-heading 1 (Use this format throughout)**  
Text

**1.2 Sub-heading 2**  
Text

**2. Scope of Policy**

**3. Responsibilities**

**4. Definitions**

**5. Document Specific Sections**