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| < Insert name of pharmacy>  **Portable equipment: asset control form** |

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| ***About the use of this document and related resources****: This* [*data security*](http://psnc.org.uk/ds) *document assists the pharmacy’s aligment with the*[*Data Security and Protection Toolkit (DSPTK)*](http://psnc.org.uk/dsptk)*. Related pharmacy policies are at PSNC’s* [*data security templates webpage*](http://psnc.org.uk/dstemplates)*.* |

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| Short description of asset: ……………………………………………………………..  Asset number: …………………………….…  Mobile number (where applicable) ………………………  Date entered on asset register: …………..................  Indelibly marked to indicate property of Pharmacy: YES / NO  Login security features which apply (more than one may be present):  PASSWORD/ PASSCODE/FINGERPRINT/FACE IDENTIFICATION / OTHER    ‘Find my device’ and global positioning system (GPS) features present: YES/NO  The device can be wiped remotely, if required? YES/NO |
| Allocated to: (Named person)…………………………….………………………….  Located at: ……………………………………………………………..……………….. |
| **DECLARATION**  I <name>………………………………………………….. agree to comply with the guidelines on the use of portable computer devices, mobile phones and removable media that contain personal data.  I understand that it is my responsibility to report immediately any theft, loss, damage or misuse of the above asset.  Failure to do so could result in disciplinary action or financial penalties.  **Signature (electronic\* or ink): ………………………………………..**    **Name:………………………………….**    **Dated: …………………………..** |

\*Note: Email or alternative remote confirmation that you have read and accept this confidentiality agreement is fine. Your employer may then file the email electronically as your confirmation.