



2024 ANNUAL REPORT FORM
(Please note this form now includes GDPR Data Mapping)

THIS FORM SHOULD BE COMPLETED IN FULL BY ALL WIs AND RETURNED to the LFWI Office immediately after your Annual Meeting, along with your Financial Statement

Name of WI .....

Number of members: .....

Annual Meeting Date: .....

Your WI Website address: .....

Facebook/Instagram address: .....

Do you have any members willing to serve on LFWI Teams formerly known as sub-committees or train to be a WI Adviser?

Please give details .....

Your WI Venue address including postcode:

.....

Is it suitable for Federation events? .....

Maximum capacity .....

Contact for booking purposes: .....

Is there disabled access? .....

Monthly meetings: Day .....

Week in month: .....

Time: .....

We do not meet in (month) .....

Training Requirements. Are there any specific topics you would like to be included?

.....

Signed on behalf of the Committee:

.....
.....

PRESIDENT ) FOR THE PAST YEAR
SECRETARY )

## WI OFFICER INFORMATION

**IMPORTANT: PLEASE COMPLETE ALL THE FOLLOWING INFORMATION AS THERE MAY BE CHANGES THE OFFICE IS UNAWARE OF.**

**Please make each person aware that by providing this information they are giving permission for their details to be used by LFWI solely for WI purposes**

### Climate Ambassador

Name ..... Telephone ..... Email .....

### President:

Name .....

Address .....

Postcode ..... Telephone .....

Email .....

### Secretary:

Name .....

Address .....

Postcode ..... Telephone .....

Email .....

### Treasurer:

Name .....

Address .....

Postcode ..... Telephone .....

Email .....

## EXAMPLE DATA MAPPING FORM

**THIS IS ONLY AN EXAMPLE- IT CAN BE ADAPTED IT TO SUIT YOUR REQUIREMENTS**

Group/Organisation Name & Compiler

Goodplace WI, Karen Anybody

Document description

List of agreed contact details - e.g., List of members

Purpose of information (data)

Contacting members/sharing info, visiting, cancelling meetings, special occasion cards etc.

What information is held?

Telephone nos./ addresses, email addresses

Do you hold any special data?

For example, medical allergies

Yes - for 1 person with epilepsy. (Reason: awareness measures)

Where & how is the data held?

e.g., drawer/filing cabinet/electronically

On a personal laptop

What security measures are in place to prevent unauthorised access

e.g., locked drawer/filing cabinet

Password protected

How many people hold the data?

e.g., Committee (no more than 3 people is advised)

President/Secretary/Treasurer

How long is the data kept?

Until the person is no longer a member or until a member requests its removal

How often is the data list reviewed?

By whom?

List is updated annually and when a person wishes to be removed from the list.

By MCS Representative/Secretary

Who is responsible for the destruction of the data and how is this done?

e.g., Deletion/shredding

MCS Representative /Secretary - it is permanently deleted from the laptop/shredded

Is any of your data available to anyone outside your organisation

No



# LFWI DATA MAPPING FORM

Group/Organisation Name & Compiler

Document description

Purpose of information(data)

What information is held?

Do you hold any special data?

Where & how is the data held?

What security measures are in place to prevent unauthorised access?

How many people hold the data and how long is the data kept?

How often is the data list reviewed and by whom?

Who is responsible for the destruction of the data and how is this done?

Is any of your data available to anyone outside your organization?

Date this form completed .....