**VICTIM OBSERVER CONFIDENTIALITY AND**

**NON-DISCLOSURE FORM**

YOUR NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­\_\_\_

DATE OF HEARING: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Parole Board Rules 2019 (as amended) (‘the Rules’) permits a person upon application to the panel chair or duty member of the Parole Board to observe a parole hearing and the Parole Board can impose conditions on that person’s admittance.

Accordingly, the Parole Board hereby imposes the following conditions which you must agree to before attending the parole hearing on the above date:

* Refusal to sign this document means you may not be permitted to observe this hearing.
* Parole hearings are private proceedings. In accordance with Rule 27(5) of the Rules, you cannot communicate any information you see or hear whilst observing the proceedings, outside of this hearing without the permission of the Chair of the Parole Board.
* Rule 27(7) of the Rules also says that if there is a breach of privacy, any person who suffers loss or damages (including a prisoner) can take legal action against the person who breaches privacy.
* You are only allowed to discuss the information you hear during the proceedings in the context of any treatment/therapy you receive from qualified professionals, or in conversation with an HMPPS Victim Representative or Victim Liaison Officer.
* You must not record this hearing or capture images in any format, even if it is not your intention to share the recording or images.
* You agree that if you record or share any information heard in this hearing in any format, without the prior permission of the Parole Board Chair, this will constitute a breach of confidentiality, may give rise to legal action under Rule 27(7), and may also constitute breach of the privacy rights of other people under the United Kingdom General Data Protection Regulation (UK-GDPR).
* You understand that observing a parole hearing may often involve hearing information that may be distressing. You therefore agree to exonerate the Parole Board and/or Secretary of State from any legal action that may arise from any distress you suffer from attending the parole hearing.

By signing this document, you understand the sensitive nature of the information discussed at a parole hearing and are agreeing to the conditions set out above and understand that breach of this agreement might give rise to legal proceedings.

Signed: ­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_