Data Custodian Request – <Name of Project>

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| *SESLHD holds data in a number of repositories and may be approached to approve release of data. The Chief Executive is the approver for release of all data. Approval to release data will be considered by the Director of Research in the first instance. The Director of Research will provide advice to the Chief Executive in accordance with the research governance requirements of SESLHD and relevant policies, procedures and legislation This briefing form is to be submitted to the research office and approval sought prior to the release of any data held by SESLHD. Data must not be released without approval, regardless of status of ethics approval.* |
| **Recommendation** | That the Chief Executive approve the data held <identify where held> for the purpose of <insert Name of Project>  |

# Request/Project Details *(fill out all sections or indicate n/a)*

|  |  |
| --- | --- |
| **REGIS PID Ref No** |  |
| **CPI** |  |
| **REGIS SSA Ref No** |  |
| **PI** |  |
| **Applicants mobile no.:** |  |
| **Applicants email address:**  |  |
| **Study Title** |  |
| **Summary of Study** | * *Aim/objective*
* *Brief summary of methodology*
* *If study has been approved by external lead HREC (LHD/date of approval)*
 |
| **Sponsor** |  |
| **Funding** |  |
| **If collaborative, partners involved****(Key policy and practice stakeholders relevant to this request)** |  |
| **Data will be accessed and secured by** | <name/s and employees of which organisation> |
| **Storage duration** |  |
| **Storage Platform** |  |
| **Data being transferred from** | <please specify name> |
| **Data being transferred to**  | <please specify name> |
| **Status of Data leaving SESLHD** | * Identifiable
* Non identifiable <i.e.: cannot extract specific participant’s data on revocation of consent> Please specify the de-identification process.
* Re-identifiable <Please state code key holder’s name and how this will be stored and secured>
 |
| **Number of files** |  |
| **Supporting documents** |  |
| **Key issues/further information**  |  |

# Contact

<<Name, Position, Phone>>, Date

***Confidentiality undertaking on following page must be signed and accompany this request. Approval will not be provided if the undertaking is not signed.***

# APPROVAL

|  |
| --- |
| **Submit to SESLHD Research Office** **SESLHD-RSO@health.nsw.gov.au** |
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|  |  |  |
| --- | --- | --- |
| Name: Georgina Hold | Director Research | Date: |

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| If approved by Director, Research email to SESLHD-ExecutiveServices@health.nsw.gov.au **If not approved return to author** |
| Under clause 17(2) of the Health Administration Regulation 2020, this data may be released with my approval. I am pleased to advise that access to the data has been granted for the purpose of <name of project>.**CHIEF EXECUTIVE** | **Date:** |

**Following approval by Chief Executive, Executive Services return to contact person / author.**

**Date dispatched:**

Data Access Request

***Confidentiality Undertaking***

I/We, <PI’s name/s>, <position/s>, understand that, in receiving data of the <name of project> Data Collection, I will have access to confidential data, which includes personal and health information in respect of individual persons.

I undertake strictly to preserve the confidentiality of this data and understand that the disclosure of information may constitute an offence under section 22 of the *Health Administration Act 1982*.

I understand that I must comply with the conditions described in the Approval Under Clause 17(2) – Disclosure of Information.

I agree to ensure that any individuals working on the above project is aware of the provisions of this Undertaking and the need to comply with them. I further agree that any report that is derived from the data will present information in an aggregate form only and that no personal information, or personal health information, will be included in any report.

**Signed: Date**

**<name of PI and site>**

**<signature>**

**Signed: Date:**

**<name of PI and site>**

**<signature>**