Third-Party Data Request Form

Please complete this application form to request completed interRAI assessment data from the Central Region’s Technical Advisory Services (TAS).

|  |  |  |
| --- | --- | --- |
| **Request Type:** | Choose an item. | **If aggregate** 🡪 complete sections A, B and D |
|  |  | **If record-level**🡪 complete sections A, B, C and D |

# Section A. Requestor Information

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname:** | Click here to enter text. | **Given name(s):** | Click here to enter text. |
| **Title:** | Click here to enter text. | **Connex ID (if applicable):** Click here to enter text. | |
| **Organisation:** | Click here to enter text. | **Organisation Type:** | Choose an item. |
| **Address:** | Click here to enter text. | | |
| **Email:** | Click here to enter text. | **Phone:** | Click here to enter text. |

# **Are you a first time data requestor?** Choose an item.

# **If yes, please provide details of two referees we can contact. If no, proceed to Section B.**

# **Referee 1**

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname:** | Click here to enter text. | **Given name(s):** | Click here to enter text. |
| **Title:** | Click here to enter text. | **Organisation:** Click here to enter text. | |  |  |  |
| **Email:** | Click here to enter text. | **Phone:** | Click here to enter text. |

# **Referee 2**

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname:** | Click here to enter text. | **Given name(s):** | Click here to enter text. |
| **Title:** | Click here to enter text. | **Organisation:** Click here to enter text. | | Click here to enter text. |
| **Email:** | Click here to enter text. | **Phone:** | Click here to enter text. |

# Section B. Request Details

|  |  |  |  |
| --- | --- | --- | --- |
| **Request Date:** | Click here to enter a date. | | |
| **Request Purpose:** | Choose an item. | | |
| **Project Title:** | Click here to enter project title. | | |
| **Project Description:**  *If applicable, please attach a project proposal to this submission for more detail on proposed analysis and methodology. If the request is for record-level data, please also attach justification for required fields. Do you require identification of organisations or clients? Please specify.* | | | |
| Please describe the scope of your project, including the questions of interest. | | | |
| **Data linkages and databases:** |  | | |
| What databases do you require information from? How do you intend to link interRAI data to other datasets? | | | |
| **Date Range:** | Enter earliest date. | to | Enter latest date. |
| **Anticipated Outcomes:** | | | |
| What do you hope to achieve with this information? | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Plan to Publish?:** | Choose an item. | |  | |
| **Ethics?** | Choose an item. | | Enter rationale if ethics not required. | |
| **Funding Source:** | How is this project funded? | | | |
| **Output Format:** | Choose an item. | | | |
| **Co-investigators:** | *List co-investigator names as well as their role within the project, indicating whether each person will have direct access to the data. Attach an additional page if necessary.* | | | |
| **Name** | **Affiliation** | **Project Role** | | **Data Access** |
| Name. | Organization. | Role in project. | | Choose an option. |
| Name. | Organization. | Role in project. | | Choose an option. |
| Name. | Organization. | Role in project. | | Choose an option. |
| Name. | Organization. | Role in project. | | Choose an option. |
| Name. | Organization. | Role in project. | | Choose an option. |

# Section C. Data Security, Privacy and Destruction

|  |  |  |  |
| --- | --- | --- | --- |
| *Guidelines for data security, privacy and destruction are outlined in the Health Information and Privacy Code 1994 (available at* <http://privacy.org.nz/>*).* | | | |
| **Data Security and Privacy** | |  |  |
| Please describe the physical, operational, and technical security measures in place to protect the data. | | | |
| **Data Destruction** |  |  |  |
| Please indicate how data will be destroyed within 6-12 months of competing the research project or study. | | | |

# Section D. Signatures

I declare that:

1. The data will not be disclosed to any other party.
2. The data will only be used for the stated purpose above.
3. The data will not be used to identify individual clients/residents, ARC facilities, home or community support providers, nor published in a way that could lead to their identification.
4. If the project involves the receipt of record-level data:
   1. The data will be kept secure and only accessed by the personnel listed as being involved in this study.
   2. The data will not be held anywhere else than where stated above.
   3. The data will be destroyed within 12 months of completion of the study, as stated above.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Click here to enter a date. |  |  |  |  |
| Date |  | Print Requestor Name |  | Requestor Signature |
|  |  |  |  |  |
| Click here to enter a date. |  |  |  |  |
| Date |  | Print TAS Representative Name |  | TAS Signature |