|  |  |
| --- | --- |
|  | Questions are followed by answer fields. Use the ‘Tab’ key to navigate through. Replace Y/N or Yes/No fields with your answer. |
| Data request application requirements |
| For a data request to be considered for research purposes supply the completed documents:* Data Release Request Form;
* Appendix A – Data Specification;
* A copy of the relevant and current HREC Application(s) and approval(s) from the HREC;
* Copies of the research protocol, project proposal, data flow diagram, any consent forms, questionnaires and associated documentation.

For data to be released the following documents will need to be supplied as required by the NT Health Data Release Guidelines (p. 17):* Appendix B – Deed of Confidentiality and Compliance; and
* Appendix C – Conditions of Publication (if relevant).

NT Health Research Governance Office (NT Health RGO)When conducting research in the Northern Territory involving NT Health please refer to the website [Research overview | NT Health](https://health.nt.gov.au/data-and-research/nt-health-research/nt-health-overview). Any request for research that requires access to NT Health sites must use the Site Specific Assessment (SSA) application process.NT Health legislative registersThis form does not cover requests for data for research purposes in relation to NT Health Legislative Registers. For the NT Health Legislative Registers you can find more information on how to access data the website [Innovation and research | NT Health](https://health.nt.gov.au/data-and-research/Innovation-and-research).Australian Institute of Health and Welfare (AIHW)NT Health provides data to the Australian Institute of Health and Welfare (AIHW) via Health sector national minimum data sets (NMDS)[[1]](#footnote-1). AIHW publish data and information as reports and bulletins, however some subject areas contain data released in the form of SAS data cubes and data spreadsheets. AIHW also offers a data request service, customised tables can be provided subject to data quality and confidentiality requirements, from a range of AIHW-held databases[[2]](#footnote-2).Data dictionariesTo obtain a copy of relevant Data Dictionaries for the Data Collection(s), please email DataReleaseRequests.DoH@nt.gov.au.File formatData will be provided in an agreed format, generally as a delimited or fixed width text file or in MS Excel, depending on file size. All files transmitted externally to the NTG network or email will be encrypted and password protected, with the password provided separately to the file. |
| Project |
| Project title |
|  |
| Project summary |
| Broadly describe the purpose and objectives of the project.  |
|  |
| Project Contact Information |
| Name |  |
| **Position** |  |
| Email |  |
| **Phone** |  |
| Address |  |
| Organisation |  |
| Organisation Type | [ ]  NT Department of Health[ ]  Other NT Government[ ]  Commonwealth Department/Agency | [ ]  Research organisation[ ]  Other non-government organisation |
| Summary of data |
| Describe the data to be used in your project. (approximately 50–100 words). Avoid highly technical terms, medical terminology and abbreviations. |
|  |
| **List all locations where the research will be conducted and data analysed** |
|  |
| Data Sources |
| Data Sources refer to specific data collections held by the NT Department of Health (e.g. Hospital Admissions data). If a variable list is required please contact DataReleaseRequests.DoH@nt.gov.au to discuss or to obtain a copy of relevant Data Dictionaries for the Data Collection(s). |
| **Data Collection** | **Since** | **Select** | **From** | **To** |
| Hospital Emergency Department | 2000 | [ ]  Yes |  |  |
| Hospital Inpatient Activity | July 2000 | [ ]  Yes |  |  |
| Hospital Outpatient Activity | July 2000 | [ ]  Yes |  |  |
| Urban Primary Health Care Collection (CCIS) | July 2009 | [ ]  Yes |  |  |
| Remote Primary Health Care Collection (PCIS) | July 2010 | [ ]  Yes |  |  |
| Client Master Index (for data linkage only) | NA | [ ]  Yes | NA | NA |
| Other data sources |
| Please include all sources of information that is to be used for this project, including any NT Health Data Collection not identified above. This may include databases that you already have, or publically available dataset you are going to be accessing. |
| **Data source name / reference** | **Custodian organisation** |
|  |  |
|  |  |
|  |  |
| Ethics review |
| Health Research may or may not require approval from a Human Research Ethics Committee (HREC).If HREC approval has been given prior to a request received by Department of Health the requestor may be asked to amend the HREC request to reflect the request form. |
| **Is HREC approval required?** | [ ]  Yes [ ]  No |
| **HREC approval has been sought?** | [ ]  Yes [ ]  No |
| **HREC approval has been given?** | [ ]  Yes [ ]  No |
| Ethics approval |
| If a HREC application(s) have been made, please fill in details here. Attach additional copies of this page if required. Copies of submission and approval documents will be required to support the data request. Any supporting HREC information must be provided before data can be supplied. |
| **HREC Name** |  |
| **HREC Approval Reference** |  |
| **NHMRC Registration No.** **(if applicable)** |  |
| **HREC Approval Date** |  |
| HREC Approval Period |  |
| Additional approval |
| **Does your project require review by the NT Health Research Governance Office (NT Health RGO)?** [Research overview | NT Health](https://health.nt.gov.au/data-and-research/nt-health-research/nt-health-overview) | [ ]  Yes [ ]  No |
| If this application relates to a Site Specific Assessment (SSA) please provide a reference number |
|  |
| **Does your project require any other approvals?** | [ ]  Yes [ ]  No |
| If yes to any of the above question, list the other committees and/or other approvals required. Include the current status of applications for approvals and attach a copy of each approval granted. |
|  |
| Privacy and consent |
| Specify if you require any of the following information in your data. Note this does not apply to data used for linkage purposes. |
| **Name** | [ ]  Yes [ ]  No |
| **Address** | [ ]  Yes [ ]  No |
| **Full Date of Birth / Death (dd/mm/yyyy)** | [ ]  Yes [ ]  No |
| **Medical Records Numbers / Identifiers** | [ ]  Yes [ ]  No |
| **Clinician or Health Service Provider Identifications** | [ ]  Yes [ ]  No |
| **Individual Hospital or Healthcare Identifications** | [ ]  Yes [ ]  No |
| Use and disclosure of health information for research and statistical purposes must be consistent with Information Privacy Principle 2.1(ca) and any applicable guidelines issued by the NT Information Commissioner under Section 86(1)(a)(iv) [[3]](#footnote-3) of the *Information Act* (NT). Patient/client level information will only be disclosed for research purposes if all such requirements have been complied with. Requests for identifiable information require reasonable justification as to why non-identifiable information is not sufficient for the purpose of the data request. Personal information is data that discloses a person’s identity or from which a person’s identity is reasonably ascertainable. Information is considered identifiable where:* It includes specific identifying information (e.g. name, address, date of birth, medical record number); or
* Specific data elements are requested in combination (i.e. Date of birth, sex, postcode); or
* The data is to be combined with other information the requestor already holds or with other datasets that are being requested; or

The data is aggregated and there are few individuals in a particular category. |
| **Are you applying for the release of personal information?**If Yes to any item above you must answer YES to this question | [ ]  Yes [ ]  No |
| **If Yes, please explain why non-identifiable information cannot be used.** |
|  |
| **Will consent be sought from participants for the use and disclosure of their information from the data collections?** |
| [ ]  Yes, describe your consent procedures and attach contact letters, information sheets and consent forms |  |
| [ ]  No, if consent will not be sought, explain why it would be impracticable to obtain |  |

|  |
| --- |
| Data linkage |
| Data linkage combines personal information across datasets to like service records. Section 4A of the Information Act (NT) defines ‘personal information’ as government information that discloses a person’s identity or from which a person’s identity is reasonably ascertainable. The following variables are some examples of government information / data that may constitute personal information: * Surname
* First name(s)
* Date of birth
* Address
* Medicare number
* Or other identifying information.

For NT Health datasets, the Client Master Index (CMI) is the source of personal information with respect to secondary use of data. |
| **Does the project involve data linkage?** | [ ]  Yes [ ]  No |
| Identify the individual(s) and organisation undertaking data linkage. Linked data must be stored securely on an access-controlled computer that has no connection via a network to computers that are used for the project. The data is not to be matched, in whole or in part, with any other data source or information unless approved by the Department of Health. Please provide supporting documents where arrangements of Data Linkage have been made. |
| **Organisation** |  |
| **Location** |  |
| **Proposed data linkage methodology** |  |
| Security plan |
| In compliance with the Information Act (IPP4 Data security), the Department of Health is required to take reasonable steps to ensure personal information it holds is protected from misuse and loss and from unauthorised access, modification or disclosure. Where the release of data has been authorised for a particular purpose, applicants are obliged to destroy personal information when it is no longer needed for that stated purpose. |
| **Provide a detailed security plan setting out how the data will be protected** |
|  |

|  |
| --- |
| Data retention and disposal plan |
| I will ensure that all copies of the data are destroyed within seven years, or earlier, of publication or release of findings or, where no publication occurs, within seven years or earlier of receipt of the data, with Department of Health notified in writing once this is completed. |
| **Period of data retention** |  |
| **Describe how the data will be disposed of** |
|  |
| Publication |
| Results with a cell count of less than five or a denominator less than 10 will not be published or disseminated in any way. Deed of Confidentiality and Compliance, and Conditions for Publication will reflect publication restrictions and will be required to be signed before data can be supplied. |
| **Results to be published in the public domain?** | [ ]  Yes [ ]  No |
| **Results to be published on an intranet or internal bulletin?** | [ ]  Yes [ ]  No |
| Explain how statistics or results will be disseminated e.g. report, publication, conference, thesis. |
|  |
| Project personnel |
| For research or service planning and evaluation projects access to the data will be restricted to agreed persons. For research projects subject to Human Research Ethics Committee (HREC) approval, ‘agreed persons’ are those who are listed as ‘Investigators’ in the approved HREC application together with any research assistants employed for the research project. All project personnel must sign the appropriate *Deed of Confidentiality and Compliance*. The Deed of Confidentiality and Compliance can be found at the end of this form, Appendix *B.* |
| **Name, organisation** | **Access to data required** | **Deed of confidentiality and compliance attached** |
|  | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
|  | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
|  | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Requestor Agreement |
| Tick the boxes to indicate that you have read and understood each clause. I the *Applicant/Principal Investigator* certify that; |
| [ ]  | All information in this application is truthful and as complete as possible. |
| [ ]  | I am aware of and understand the relevant legislation and regulations, and the project will be conducted in accordance with these. |
| [ ]  | The information provided for this project by NT Health will be used only as outlined in this application. |
| [ ]  | I will acknowledge NT Health in any publications, reports or presentations resulting from this application *(if applicable)*. |
| For unit record data please certify the additional clauses, |
| [ ]  | The project will be conducted in accordance with the ethical and research arrangements of the organisations involved. |
| [ ]  | I recognise that unit record data from NT Health is confidential information and that I am responsible for ensuring that the information will be kept confidential. |
| [ ]  | The project will be conducted in accordance with the protocol and conditions approved for this project and in accordance with the provisions of the NT Health *Deed of Confidentiality and Compliance.*  |
| I acknowledge that the de-identified unit record data provided for this project by the Data Custodians are Confidential Information and that I am responsible for ensuring that the information will be kept confidential and will not be disclosed to any person other than those who have signed the *Deed of Confidentiality and Compliance* attached to this Application, and the provider of the data. |
| Name |  |
| Signature |  | Date |  |
| **Supervisor of student(s)** |
| Tick the boxes to indicate that you have read and understood each clause.I /we certify that: |
| [ ]  | I/we will provide appropriate supervision to the student to ensure that the project is conducted in accordance with the undertakings above. |
| [ ]  | I/we will ensure that any necessary training is provided to enable the project to be undertaken skilfully and ethically. |
| Name |  |
| Signature |  | Date |  |
| **Head of department / school / research organisation** |
| For research projects complete this section.Note: if the Principal Investigator is the Head of Department / School / Research Organisation, then the next tier or authority above is required to sign the Indemnity Form. This section cannot be signed by a member of the Project Team. |
| [ ]  | I/we are familiar with this project and endorse its undertaking. |
| [ ]  | The resources required to undertake this project are available. |
| [ ]  | The researchers have the skill and expertise to undertake this project appropriately or will undergo appropriate training as specified in this application. |
| [ ]  | I/we warrant that I/we are authorised to make this application and to bind the institution below in relation to the obligations arising out of the submission of this application. |
| [ ]  | The conduct of the project has been approved by |
| I/we certify that |  *(name of institution)* |
| accepts the legal, ethical and financial responsibility for the conduct of this project and has adequate indemnity insurance to cover the conduct of this project. |
| Name |  |
| Position |  |
| Organisation |  |
| Signature |  | Date |  |
|  |
| End of form |

1. <http://meteor.aihw.gov.au/content/index.phtml/itemId/344846> [↑](#footnote-ref-1)
2. <http://www.aihw.gov.au/data/> [↑](#footnote-ref-2)
3. A copy of the guidelines issued by the NT Information Commissioner for IPP2.1(ca)(iv) (Use and disclosure of health information for research and statistical purposes) can be accessed from: <https://infocomm.nt.gov.au/resources/guidelines>

 [↑](#footnote-ref-3)