| **Data Request Form** | | | |
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| **Request Number** | (Office Use Only): | | |
| **Date Requested** | Date: | | |
| **Requestor details** | | | |
| **Name of requestor** | First name: | Last name: | |
| **Email address** |  | | |
| **Phone number** | (  ) | | |
| **Organisation** |  | | |
| **Role of requestor** |  | | |
| **Organisation type (please tick)** | Australian government | | State/territory government |
| Commercial sector/private company | | Policy advisor |
| Health provider | | Researcher/academic |
| General public | | Other *(please specify):* |
| **Postal address (optional)** | Street address/PO Box: | | |
| Suburb: | | |
| City: | | |
| State: | | |
| Post code: | | |
| **Data request details** | | | |
| **Describe the specific dataset or information that you are seeking (include data variables/questions of interest)**  ***If you wish to attach a document with details of your information/data needs, please provide the attachment*** | | | |
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| **What is the purpose of your request? (include details of the project you are undertaking and who you are undertaking this for; whether your request is authorised or permitted by or under law and if so which law; any justification for requiring health information or other sensitive information attributable to an individual rather than anonymised or aggregated data)** | | | |
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| **Please describe what the data will be used for** | | | |
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| **Please describe any likely disclosures of that data including who it will be disclosed to and whether it will be disclosed to any overseas parties (include the likely countries of such disclosure)** | | | |
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| **Date data required by** | *ddmmyyyy* | | |
| **Describe how you would like the data to be provided e.g. tables in an MS Word document, comma delimited (CSV) format, Excel file** | | | |
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| **Storage and protection of data** | | | |
| **Describe how the data will be stored** | | | |
| **Platform type (server):**  **Host:**  **What if any contract is in place with that host?**  **Is the host required to comply with the following relevant laws or policies (or similar laws or policies that include the same types of requirements around security of information, privacy and ethics)? As relevant here the Protective Security Policy Framework (PSPF)?**  **Location of server:**  **Is cloud computing used by the Party?**  **Does the server concerned provide redundancy (backup), disaster recovery, security and is it Information Security Manual Compliant (ISM)?**  **What access controls are in place to ensure the confidentiality and integrity of the server where the data will be stored?** | | | |
| **Will any third parties including contractors or sub-contractors have access to this data set? If yes specify who and confirm that they are required to comply with this agreement.** | | | |
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| **What steps are taken by your organisation to ensure that the data will be appropriately stored and protected from unauthorised access?** | | | |
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| **Retention of data** | | |
| **What is the requirement that applies for retaining the requested data? If this is considered to be a record what is the time period that will apply for retention and how will it be disposed of once that retention period is satisfied?** | | |
| **Release of data** | | |
| **Will the data be publically released?** | Yes | No |
| **If the data is to be publicly released, why (include for what purpose)?** | | |
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| **Is it possible to release aggregated/anonymised or de-identified data? If no – why?** | | |
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| **Will the data analyses and results be publically released?** | Yes | No |
| **Please describe how the data will be released (For example, the format, publication type, intended audience, etc).** | | |
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| **Please describe who will use or have access to this information within your organisation and if it will be used by subcontractors how the data will be governed.** | | |
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| **Conditions of data release** | |
| Please note that data is made available with the following conditions and by signing the contract, the user acknowledges and agrees to the following:   * Data is released subject to satisfying confidentiality and quality considerations * NBA must be acknowledged in all published material which uses the data requested * Footnotes and other caveats accompanying data tables must be replicated as provided when data is reproduced, whether in full or in part * The data will not be used for any purpose other than that specified in the approved request * The data released remains the property of the NBA * The data must not be used, published or disseminated in a way that might enable the identity of individual patients or the service profiles of individual doctors or hospitals to be ascertained * Data files are to be maintained and stored in a secure manner in an environment where they cannot be linked (either electronically or by personal inspection) with other records and they must be stored on-shore in the organisation’s own ICT controlled infrastructure or in a private cloud * If data files are made available to third parties engaged by the recipient then the consultants must also agree to these conditions * Additional conditions may apply to specific data sets | |
| I have read and accept these conditions | |
| Signature: | |
| Name of Recipient: | Date: *ddmmyyyy* |

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| **Internal use only** | | |
| **Action required** | | |
| **Canned report** | Yes  No |  |
| **If no, provide process** |  | |
| **Timeline to provide data** |  | |
| **Approval to provide data** |  | |
| **Priority** | (H/M/L): | |
| **Resources allocated** |  | |
| **Report Parameters** | | |
| **Parameters** |  | |
| **Date range** |  | |
| **Report/extract details (Data releases in response to data requests will be provided with guidance on the data sources, collection methods, distribution requirements and quality assurance and approval process)** | | |
|  | | |
| **Checklist completed** |  | |
| **Approved by** |  | |
| **Date approved** | *ddmmyyyy* | |
| **Date provided** | *ddmmyyyy* | |