

PROJECT DETAILS					
TITLE OF PROJECT:					
TYPE OF PROJECT: <i>(please tick)</i>					
Staff Research	<input type="checkbox"/>	Masters (Coursework)	<input type="checkbox"/>	Doctorate/PhD	<input type="checkbox"/>
Honours	<input type="checkbox"/>	Masters (Research)	<input type="checkbox"/>	Other:	
ACCESS REQUEST PURPOSE:					
<input type="checkbox"/>	Access to established data for data analysis.				
<input type="checkbox"/>	Access to or distribution of information of research project for recruitment				

CHIEF INVESTIGATOR	
Name:	
Title:	
Degrees/Qualifications:	
Agency/University/Institution: <i>(incl. Faculty/Division/School)</i>	
Address:	
Work Number:	
Work Email:	
Email Address:	

ETHICS APPROVAL		
Name of Agency/University/Institution:		
Contact Details for Relevant Ethics Office:		
Ethics Approval Number (if applicable):		
Duration of ethics approval:	From:	
	To:	

PROJECT AIMS

Please describe the aims of the project below, details about the target cohort (for example, who will be recruited, from what schools, specialties or disciplines, and how many persons are required), and details about how the information collected will achieve the project objectives:

UNIVERSITY AREA, SUPPORT or INVOLVEMENT

Please indicate what University area you wish to seek assistance from:

- | | |
|--------------------------|---------------------------|
| <input type="checkbox"/> | Student Administration |
| <input type="checkbox"/> | People and Culture Office |
| <input type="checkbox"/> | Research Services |
| <input type="checkbox"/> | Other |

Please detail what form of assistance is required in order to access data, recruit participants or collect data.

DATA AND INFORMATION

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Personal Information |
| <input type="checkbox"/> | Sensitive Personal Information |
| <input type="checkbox"/> | Health Information |
| <input type="checkbox"/> | Aboriginal, Indigenous or Torres Strait Islander Information |

PART A: ESTABLISHED DATA SET

Please detail what established data set is being requested.

PART B: RECRUITMENT

Please indicate below what data is to be collected and how data collection will be conducted. Please attach the following:

- A copy of any information regarding the project to be sent to participants e.g. information letter and consent form.
- A copy of any data collection instruments e.g. survey, questionnaire, interview questions.

SECURITY AND MAINTENANCE OF CONFIDENTIALITY

Please attach the following:

- A research Data Management Plan, or an equivalent document.

Please ensure the following details are covered:

- who will have access to the data or personal information
- how long will data or personal information be stored
- the form in which personal information, data or samples collected from participants will be stored during the research project (individually identifiable, re-identifiable, or non-identifiable)
- location of storage and regulations pertaining to this storage
- precautions that are being undertaken to ensure the security of person information, data or samples collected from participants
- how data or personal information will be disposed of, destroyed or deidentified when it is no longer required

ATTACHMENTS

Information Letter to Participants	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Consent Form	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Data Collection Instruments (e.g. survey, questionnaire, interview questions)	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
HREC approval (or equivalent documentation)	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Other approvals (e.g. University Executive approval, Chief Growth Officer, Growth, Engagement and Marketing approval), if applicable (select "NO" if not applicable)	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

