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| Access Request Form – New South Wales |
| |  |  | | --- | --- | | |  | | --- | | **When this form should be used**  This form must be completed by the Coordinating Principal Investigator responsible for the research project requesting support from a Public Health Organisation (PHO) in the form of access to participants, tissue or data and does not involve conducting research at any facilities, locations or services under the control of that PHO.    Examples of research projects that require completion of this form include projects that only involve one or more of the following activities at a PHO:   * participant recruitment through posters, leaflets and letter of invitation but not recruitment through direct contact with potential participants or enrolment; * distribution of surveys and questionnaires through PHO staff but not collation and analysis of responses at that PHO; and * access to data or tissue held at the PHO but not processing or analysis at that PHO.   **Completing this form**  This form should be completed for each Public Health Organisation supporting the research project. Only one form is required for each Public Health Organisation; it is not necessary to complete a form for each individual facility, location or service within the Public Health Organisation.  Complete all questions on the form. If you are unsure about what is required, seek clarification from the Research Governance Officer to whom you are submitting the form. Contact details for Research Governance Officers and information on facilities, locations or services covered by them are maintained on the NSW Health website at: <http://www.health.nsw.gov.au/ethics/Pages/contacts.aspx>  **Submitting this form**  Forward the completed application form to the Research Governance Officer responsible for the PHO, along with:   1. a copy of the HREC letter of approval; 2. a copy of the Human Research Ethics Application (HREA) Form; 3. all documents to be distributed through the facilities, locations or services within the PHO; and 4. written confirmation of support from staff of the facilities, locations or services through which you are seeking access to participants, tissue or data\*.   (\*) Written confirmation of support can be received from:   * staff members who agreed to put up posters, hand out leaflets and letter of invitations to potential participants of your research project; * head of department/manager who agreed to distribute questionnaires or surveys to staff by e-mail; and * head of department or data custodian who agreed to provide access to medical records, data or tissue held in collections or databases under their management, in line with ethical conditions imposed by the approving HREC. | | |

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| **Access Request Form – New South Wales** | | | | |
| **Project information** | | | | |
| **Ethics application ID:** | | Click here to enter text. | | |
| **Name of HREC reviewing research project:** | | Click here to enter text. | | |
| **Project title:** | | Click here to enter text. | | |
| **Name of Coordinating Principal Investigator:** | | Click here to enter text. | | |
| **Specific details for this formal access request** | | | | |
| **Date of this request:** | | Click here to enter a date. | | |
| **Name of PHO for which access is requested:** | | Click here to enter text. | | |
| **List the name of the facilities/locations/services included in this application:** | | Click here to enter text. | | |
| **Please summarise what is being requested from each facility, location or service listed:** | | | | |
| Click here to enter text. | | | | |
| **What is the purpose for requesting this access?** | | | | |
| Click here to enter text. | | | | |
| **Describe the proposed access process.** | | | | |
| Click here to enter text. | | | | |
| **Contact details for the Coordinating Principal Investigator** | | | | |
| **Name:** | Click here to enter text. | | **Telephone:** | Click here to enter text. |
| **Email:** | Click here to enter text. | | **Postal address:** | Click here to enter text. |
| **Official Use** | | | | |
| **Acknowledgement of receipt from Research Governance Officer** | | | | |
| *I acknowledge receipt of the above access request form* | | | | |
| **Name:** | Click here to enter text. | | **Position:** | Click here to enter text. |
| **Signature:** |  | | **Date:** | Click here to enter a date. |
| **Declaration by Research Governance Officer (or other authorised person)** | | | | |
| *The above project has been reviewed and has been granted site authorisation* | | | | |
| **Name:** | Click here to enter text. | | **Position:** | Click here to enter text. |
| **Signature:** |  | | **Date:** | Click here to enter a date. |

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