

RRFSS External Data Request Form

Please complete and return this form to the RRFSS Coordinator.



SECTION A: GENERAL INFORMATION

Title of Project:

Name of Applicant:

Title:

Organization:

Address:

Date:

Telephone Number:

E-mail:

Fax Number:

SECTION B: STATEMENT BY PERSON SEEKING ACCESS

I, _____, on behalf of _____,
am seeking permission to have access to the dataset from the RRFSS database from
the following RRFSS-Participating Health Unit/s:

1. The RRFSS module/s I require data for is/are (include variable names if known):

2. The time period/s I require this data for are (include wave numbers if known):

3. The information requested, as described above, will be used in the following ways:

a) Study or project objective:

b) Planned analysis:

c) Dissemination:

5. The following person (s) will have access to the data for the purpose(s) described above:

6. Security of the data will be ensured by:

7. The timelines for the project, after which the data will be destroyed, are:
(Please note any requests for additional waves of data after they become available)

SECTION C: STATEMENT BY THE RRFSS –PARTICIPATING HEALTH UNIT

The specific RRFSS-Participating health unit has reviewed the above request for RRFSS data and is of the opinion that the information contained in the above statement (Section B) is appropriate. The RRFSS-Participating health unit/s agrees to release the RRFSS data upon receipt of signed agreement (Section D).

RRFSS-Participating Health Unit:

Signed:
(Appropriate signing authority)

Date:

SECTION D: AGREEMENT BY PERSON SEEKING ACCESS

I, _____, will not use the data for the purpose(s) other than that described in Section B, Statement by Person Seeking Access.

I, _____, will not release the data outside of the group mentioned in Section B, Statement by Person Seeking Access.

I, _____, will keep the data in a locked secure location to which access is only given to the group mentioned in Section B, Statement by Person Seeking Access.

I, _____, will comply with the RRFSS Data Analysis General Principles and Guidelines (MOO Section 3.1)

I, _____, will submit to the RRFSS-Participating Health Unit(s) (referenced in Section B), any report or results in which RRFSS data is interpreted, reported or referred to for review prior to its publication, disclosure, use, release or dissemination.

I, _____, will, within 60 days of completion of the project, destroy all original and copied RRFSS data.

Signature:

Date: