

Ten to Men Data Access Request Form

Please complete this form using **Acrobat Reader**.

Part A: Access Request Details

Date of request		
Project Title		
Student Project	Yes	No
Project Type	Research project	
	Grant application	
	Other, specify:	
Data Requested	General release	
	Restricted release (complete Part E)	
Linked administrative dataset requested (complete Part F)	Yes	No

Note: More information about the conditions of these datasets can be found in the Data Access Policy.

USER

This is the organisation, entity or individual that will enter into the Data Use Agreement entered into with AIFS. It is AIFS' preference to enter into an agreement with an organisation or entity (i.e. university) though AIFS will consider entering into an agreement with an individual.

Organisation	
ABN	
Postal Address	
City	
State	Postcode

Part A: Access Request Details (cont.)

LEAD INVESTIGATOR

This person will be the Contact Officer for the purposes of Data Use Agreement entered into with AIFS.

Title & Name	
Department	
Organisation	
ABN	
Postal Address	
City	
State	Postcode:
Phone	
Fax	
Email	

----- OFFICE USE ONLY -----

Access Request No.	
Approval Date	
Approval Type	Grant Research Project (without external administrative dataset) Research Project (with external administrative dataset)
Requested Data	General release Restricted release



Part B: Project details

1 Main focus of the project

Tick all that apply

- Physical health
- Mental health
- Health related risk and protective behaviours
- Social and environmental determinants of health
- Health literacy
- Health service use and help-seeking
- Research methods development
- Other, specify:

2 Key topics

Provide 3

- 1
- 2
- 3

3 100 word lay summary

This summary will be published on the *Ten to Men* website and may be included in *Ten to Men* reports.

4 (a) Detailed outline

Max 300 words, including: background and significance, main research question, and relation to the aims of *Ten to Men*.

(b) Policy relevance

Max 200 words, including: information on the public benefit and policy relevance of the research, and how this relates to *Ten to Men* (where applicable).

5 Excluding the available external administrative datasets, do you intend to bring in additional data sources

Describe any datasets that you intend to combine with the *Ten to Men* data



TEN to MEN

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6 Analysis plan

Including reference to relevant *Ten to Men* data documentation, specific *Ten to Men* variables to be used and main analysis methods.

7 Project Dates

Proposed start date:

Anticipated finish date:

8 Funding Source

'not applicable' (check if specific funding not required)

9 Data storage and access management procedures

Describe how you will comply with the conditions outlined in the *Ten to Men* Terms and Conditions of Data Access and Use, with particular reference to protocols around access (including personnel controls, I.T. security and physical security), storage (including where data will be stored and accessed) and destruction of data. Please also acknowledge that you have read and understood the *Ten to Men* Terms and Conditions of Data Access and Use and understand the requirements regarding destruction of data

10 Proposed outputs

Including submission of annual project updates to the *Ten to Men* study, as outlined in the *Ten to Men* Data Access Policy. Include details on control of risks around re-identification and statistical disclosure.



Part C: Personnel Details

List all personnel requiring access to the data.

These people will be Specified Personnel for the purposes of the Data Use Agreement.

Under the terms of the Data Use Agreement only personnel listed here have approval to access the data.

Title & Name
Role on Project
Department
Organisation
Email
Phone
Address
Title & Name
Role on Project
Department
Organisation
Email
Phone
Address
Title & Name
Role on Project
Department
Organisation
Email
Phone
Address

For additional researchers attach an additional page providing the above details.



Part C: Personnel Details (cont.)

STUDENT PROJECT - PRIMARY SUPERVISOR DETAILS

Title & Name	
Department	
Organisation	
Postal address	
City	
State	Postcode
Email	

Part D: Lead investigator declaration

By signing this declaration, the Lead Investigator certifies that the information provided in this Data Access Amendment Form is accurate and complete.

Lead Investigator name
Lead Investigator signature
Date

If lead investigator is a student, main supervisor signature:

Supervisor name
Supervisor' signature
Date

Part E: Restricted release data

Only complete if project requires access to restricted release data. Please specify the reasons the data in the General Release is not sufficient for your research purposes, including specific Restricted Release variables you are seeking access to.

Part F: Linked administrative datasets

Only complete if project requires access to linked dataset/s.

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- | | |
|-------------------------|--|
| 1 Linked dataset | Medicare Benefits Schedule (MBS)
Pharmaceutical Benefits Scheme (PBS) |
|-------------------------|--|
-

- 2 Reason(s) for requesting linked administrative datasets**
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