

# Ten to Men Data Access Amendment Form

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

## Part A: Access Amendment Details

Date of original request	
Original Project Title	
Original Lead Investigator	
Reason(s) for access amendment request (mark all that apply)	Latest release
	Revised project timelines (complete PART B)
	New personnel (complete PART C)
	External administrative datasets (complete PART D)

**Note:** For changes to project scope or new uses of the data please complete a new data request

## Part B: Revised Project Dates

Original anticipated finish date
Revised anticipated finish date

## Part C: New Personnel Details

List all NEW 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

## Part C: New Personnel Details (cont.)

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**Title & Name**

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**Role on Project**

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**Department**

---

**Organisation**

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**Email**

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**Phone**

---

**Address**

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**Title & Name**

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**Role on Project**

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**Department**

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**Organisation**

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**Email**

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**Phone**

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**Address**

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

## Part D: Linked administrative datasets

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

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<b>1 Linked dataset</b>	Medicare Benefits Schedule (MBS) Pharmaceutical Benefits Scheme (PBS)
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<b>2 Reason(s) for requesting linked administrative datasets</b>	
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**TEN to MEN**

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## Part E: 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.

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**Lead Investigator name**

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**Lead Investigator signature**

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**Date**

If lead investigator is a student, main supervisor signature:

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**Supervisor name**

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**Supervisor' signature**

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**Date**

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