

The National Care Experience Programme

Data Access Request Form

Note: Before completing this form please read the information governance policies and procedures, available from www.yourexperience.ie.

Contact details	
Requester's full name	
Title (Mr/Mrs/Dr/Prof/Other)	
Job title	
Organisation name and sector (government, private company, etc.)	
Address	
Telephone number	
Email address	
Names of other persons who will have access to the data requested	

Specifics of request	
<p>Have you requested data from the National Care Experience Programme previously? (Yes/No)</p> <p>If yes, please also indicate:</p> <ul style="list-style-type: none"> • Date of previous request • Is the present request related to previous request? (Yes/No) 	
<p>Reasons for current request</p>	
<p>How will the data be used? (e.g. internal/external, published or not, quality improvement, etc.)</p>	
<p>How will the data be stored?</p>	
<p>Will other individuals have access to the data requested?</p>	

What is the expected duration of research and proposed publications?

Does your study have ethical approval?
(If ethical approval is not required please explain why not.)

Particulars of research proposal: Data items and analysis plan

Please use this space to provide a comprehensive description of the data items required and the analysis you intend to conduct. This will assist the National Care Experience Programme to ascertain what data items you will need for analysis:

[Large grey rectangular area, likely a placeholder for content or a redacted section.]

Declaration by requester

I have read and understood the conditions under which this information is being provided by the National Care Experience Programme. I undertake that the data supplied:

1. will be used only for the purposes specified in the responses provided on this form
2. will not be transmitted or made available in any format, other than as described in this form
3. will not be linked to any data not specified in the request
4. will be stored in a secure manner and used in a way which complies with the conditions outlined in the Data Access Requests Policy.
5. will be deleted or destroyed once the specified purpose has been met.
6. will not be used to contact individual service users or family members
7. will not be published in a way that could identify, or be used to identify, individuals or hospitals.
8. will explicitly acknowledge that the data was provided by the National Care Experience Programme in any publication.

Name:

Signature:

Date:

Please submit this data request form to the National Care Experience Programme at info@yourexperience.ie.