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| **Declaration & Undertaking by the Data Custodian and the Coordinating Principal Investigator** |  |
| **Title of Project:**  |
| **REGIS / PHSREC Ref:****Name of the Database to be sourced:**  |
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| **Declaration of Data Custodian(s)** |  |
| I have discussed the proposal with the Coordinating Principal Investigator. I confirm that the request as stated in this proposal is feasible and I will give due regard to any ethical conditions imposed by the NSW Population & Health Services Research Ethics Committee when deciding whether, and in what form, I will release data to the investigator. |
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| **Signature of Data Custodian:** |
|  |
| Name:……………………………….. | Signature:..…….………………….… | Date: ………… |
| (Print) |  |  |
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| **Declaration of Coordinating Principal Investigator** |  |
| I am applying for approval to conduct the project. If approval is granted, it will be undertaken in accordance with this application and other relevant laws, regulations and guidelines. I agree to ensure that all members of the research team (Principal investigators/researchers, Associate investigators/researchers and other personnel) working on the above project are aware of the provisions of this Undertaking and the need to comply with them. Specifically I will comply as relevant with: |
| i) NSW *Health Records & Information Privacy Act 2002* and statutory guidelines |
| ii) NSW *Privacy and Personal Information Protection Act 1998*  |
| iii) NSW Health *Privacy Management Plan, Version 2, 2005* |
| iv) *NSW Aboriginal Health Information Guidelines* |
| v) *NHMRC National Statement on Ethical conduct in Research Involving Humans, 2007* |
| vi) *Australian Code for the Responsible Conduct of Research, 2007*  |
| vii) Any conditions imposed by the NSW Population & Health Services Research Ethics Committee in conducting this project. |
| I will not use identified or re-identifiable data collected for the purpose of this project for any other purpose, or supply it to any third party not specified in this proposal, without the approval of the Data Administrator/Data Custodian, where relevant, and a properly constituted Ethics Committee with jurisdiction and relation to these data. |
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| **Signature of Coordinating Principal Investigator** |
| Name:……………………………….. | Signature:..…….………………….… | Date: ………. |