

Project No. (provisional, to be	
filled in by TRE Operations team):	
Date form received (to be filled in	
by TRE Operations team):	

This form should be completed by researchers who wish to host a project within the University of Manchester (UoM) Centre for Health Informatics (CHI) Trustworthy Research Environment (TRE). Its purpose is to provide the TRE Project Board with the necessary information to review and approve proposed projects. You may find it helpful to refer to this online guidance tool: <a href="https://ispri.ng/RgNWM">https://ispri.ng/RgNWM</a>

Please email your completed form and supporting documentation, e.g. ethical approval letter or Data Sharing Agreements, to: <a href="mailto:tre-support@manchester.ac.uk">tre-support@manchester.ac.uk</a>

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Pa	rt A. Project Details
1.	<b>Project Title</b> (as chosen by the project team/funder) – 75 characters maximum
2.	<b>Project Application name if different from above</b> (as used by the Data Controller, e.g. NHS Digital) - 75 characters maximum
3.	<b>Project Summary</b> (include the aims of the project, name of funder, and what data flows are involved) – 300 characters maximum
4.	Does your project have any funding to cover TRE resources? (e.g. staff time for technical or information governance support) Yes / No If yes, please provide details below:
5.	Is your project part of a larger programme: Yes / No  If yes, please give details of the programme, particularly if it comprises other projects that might need to use the TRE:

- 6. Technical and Data Requirements
- 6.1 Will your project analyse data as part of a research or service evaluation project? Yes / No

If yes, such projects typically get access to one dedicated virtual machine. Please indicate your requirements for this machine

Version: 2.7

TRE Resource type	Details
Virtual workstation (Linux or Windows?)	
Number of CPU virtual cores (default is 4)	



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Amount of memory (default is 32GB)	
Data Storage (provide estimate in	
GigaBytes)	
Access to data across secure NHS	Yes / No
network (otherwise known as N3 or	
HSCN)	
Data analysis software (full details to be	
provided in section 9)	

6.2 The standard TRE service is a virtual workstation that allows secure access to the project's data, and provides data analysis software tools. This is termed 'TRE Managed Project'. There exists also a 'TRE Unmanaged Project' where the TRE Service team host a software application such as web service, and the project team is responsible for system-administration (see document ISMS-03-04 for more details).

Select which type of project you require Managed / Unmanaged

If you have selected 'Unmanaged', the TRE team will be in touch to discuss your particular technical requirements and help form a Service Level Agreement.

## 6.3 Will your project transfer data into the TRE? Yes / No

If yes, please provide details:

Data Provider(s)	
Data Controller(s) if different from above	
Main contact at data provider (name, email, telephone number)	
Is there a data sharing agreement?	
Has the TRE or any person at CHI been referenced	
within the project documentation?	
Expected date or frequency of transfer	
Number of files	
Approximate size of each file	
File type	

## **6.4** Data sensitivity

Referring to document ISMS-07-04 Information Security Classification, state below which classification best matches the data to be imported into the TRE

## 6.5 Do you need any of the following TRE data management services?

TRE service type	Required?	Details
Access to existing data in the TRE		
Data linkage		

Version: 2.7



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Access to personal data via Secure Da	ata
Access Room	
Access for non-UoM project partners	<u>;                                    </u>
Access to data across NHS network	
(otherwise known as N3 or HSCN)  Validation of dataset	
	<del></del>
Support creating metadata	<del></del>
5.6 Will this dataset be the only copy in	n existence, or will you be able to download it again?
Only copy / download again	
6.7 If you intend to use datasets alread	dv in the TRE:
,	,
Which existing dataset(s) do you require	e access to?
Which variables?	
Do you require linked datasets (e.g. to o	consented NHS records) – please include details of legal basis
and attach supporting documentation,	such as patient information sheet and consent form.
7 Ethical approval	
7. Ethical approval	
7.1 Have you received/are in the proce	ess of obtaining ethical approval? Yes / No
f	al and an arrange of the annulisation.
f yes, please provide details of the pane	ei and progress of the application:
Organisation Name	
Address	
Telephone number	
Contact person Current application progress	
REC number (if available)	
REC Hulliber (II available)	
f no, please specify why ethics approva	al was not obtained:
Tho, please specify why ethics approva	ii was not obtained.
Attach copies of evidence (e.g. ethics ar	oproval letter) when returning this form. Please reference any
	le this application form in the field below:
	and the second control of the second control



8. Duration of the project	
8.1 What is your proposed start date?	
The second secon	
8.2 How long do you require the TRE to reta	in your data?
o.z riow iong do you require the rice to reta	m your data:
8.3 How long do you require access to additi	ional convices (e.g. analytical coftware)?
8.5 now long do you require access to addit	ional services (e.g. analytical software):
O d Harrida resumble to the bandle	ad afterwalds date 2
8.4 How do you want your data to be handle	ed after this date?
	require derived results to be outputted from the TRE
(subject to disclosure controls): Yes / N	<u>lo</u>
If yes, please specify date:	
if yes, please specify date.	
O Coftware and Analytical Tools	
9. Software and Analytical Tools	
9.1 Please briefly summarise the tools and to	echniques you will be using to analyse the data:
•	to complete your research project and any license
requirements you are aware of:	
9.3 Will you need additional packages for th	is software, for example R packages?
, and the second	
10. Research Project members	
10.1 Please provide the details of the lead re	esearcher (Principal Investigator):
Name (Title, Name , Surname)	,
Institution/organisation	
Institutional email address	



10.2 Please provide details of each Individual, including the PI if necessary, who will require a TRE user account to analyse/process data (expand as required). Specify also if elevated privileges are necessary (TRE Unmanaged projects only). Each user of a TRE Management Project will need to complete training and read TRE user documentation before access can be granted:

Name (Title,	Organisation	Email address	Elevated privileges
name, surname)			(Windows Admin
			or Linux Sudoer)
			Type 'Yes' or 'No'

<b>11.1</b> Please provide your Research Data Management Plan record ID: (this can be either the
University of Manchester's DMP Tool. Or it can be the DCC's DMPOnline service, or a DMP
service local to your Institution, as long as there are UoM personnel referenced in the DMP).

If you do not already have a Data Management Plan, please be aware of the following guidance:

Principle number 2 of the RCUK Common Principles on Data Policy: <a href="http://www.rcuk.ac.uk/research/datapolicy/">http://www.rcuk.ac.uk/research/datapolicy/</a>

And also if the project is storing data at the University of Manchester, principle number 5 of the University of Manchester's Research Data Management Policy:

http://www.library.manchester.ac.uk/using-the-library/staff/research/services/research-data-management/policy/

1	1.2 If this project already has its funding approved, and it is the University of Manchester that is
	being awarded the funding, please provide a reference to the project's record on the University
	of Manchester's CRIS (Pure):

## Part B: Declaration by the Principal Investigator

I declare that the information included in this application form and supporting documentation is true and correct to the best of my knowledge.

I understand that any false or misleading information given by me in connection with my application may result in sanctions including termination of the application process or project.

I agree that I will be the main point of contact for updates on the application process and other progress updates.

I agree for my personal information to be processed for the purposes of processing this application and managing the project.

Version: 2.7

I understand that returning this completed form constitutes an electronic signature.

Name:	
Date:	
Email:	
Telephone number:	