**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:**

[**https://ispri.ng/RgNWM**](https://ispri.ng/RgNWM)

**Please email your completed form and supporting documentation, e.g. ethical approval letter or Data Sharing Agreements, to:** [**tre-support@manchester.ac.uk**](mailto:tre-support@manchester.ac.uk)

**Part A. Project Details**

1. Project Title (as chosen by the project team/funder) – *75 characters maximum*

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1. Project Application name if different from above (as used by the Data Controller, e.g. NHS Digital) - *75 characters maximum*

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1. Project Summary (include the aims of the project, name of funder, and what data flows are involved) – *300 characters maximum*

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1. 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:

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1. 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:

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1. Technical and Data Requirements
   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

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| --- | --- |
| **TRE Resource type** | **Details** |
| Virtual workstation (Linux or Windows?) |  |
| Number of CPU virtual cores (default is 4) |  |
| Amount of memory (default is 32GB) |  |
| Data Storage (provide estimate in GigaBytes) |  |
| Access to data across secure NHS network (otherwise known as N3 or HSCN) | Yes / No |
| Data analysis software (full details to be provided in section 9) |  |

* 1. **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.

* 1. **Will your project transfer data into the TRE?** Yes / No

If yes, please provide details:

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| --- | --- |
| 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 |  |

* 1. 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

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* 1. **Do you need any of the following TRE data management services?**

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| **TRE service type** | **Required?** | **Details** |
| Access to existing data in the TRE |  |  |
| Data linkage |  |  |
| Access to personal data via Secure Data Access Room |  |  |
| Access for non-UoM project partners |  |  |
| Access to data across NHS network (otherwise known as N3 or HSCN) |  |  |
| Validation of dataset |  |  |
| Support creating metadata |  |  |

* 1. **Will this dataset be the only copy in existence, or will you be able to download it again?**

Only copy / download again

* 1. **If you intend to use datasets already in the TRE:**

Which existing dataset(s) do you require access to?

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Which variables?

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Do you require linked datasets (e.g. to consented NHS records) – please include details of legal basis and attach supporting documentation, such as patient information sheet and consent form.

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1. Ethical approval
   1. **Have you received/are in the process of obtaining ethical approval?** Yes / No

If yes, please provide details of the panel and progress of the application:

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| --- | --- |
| Organisation Name |  |
| Address |  |
| Telephone number |  |
| Contact person |  |
| Current application progress |  |
| REC number (if available) |  |

If no, please specify why ethics approval was not obtained:

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Attach copies of evidence (e.g. ethics approval letter) when returning this form. Please reference any documents you are submitting alongside this application form in the field below:

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1. Duration of the project
   1. **What is your proposed start date?**

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* 1. **How long do you require the TRE to retain your data?**

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* 1. **How long do you require access to additional services (e.g. analytical software)?**

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* 1. **How do you want your data to be handled after this date?**

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* 1. **Are there any publication deadlines that require derived results to be outputted from the TRE (subject to disclosure controls):** Yes / No

If yes, please specify date:

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1. Software and Analytical Tools
   1. **Please briefly summarise the tools and techniques you will be using to analyse the data:**

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* 1. **Please list the software you will require to complete your research project and any license requirements you are aware of:**

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* 1. **Will you need additional packages for this software, for example R packages?**

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1. Research Project members
   1. **Please provide the details of the lead researcher (Principal Investigator):**

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| * Name (Title, Name , Surname) |  |
| * Institution/organisation |  |
| * Institutional email address |  |

* 1. **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:

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| --- | --- | --- | --- |
| * Name (Title, name, surname) | * Organisation | * Email address | * Elevated privileges (Windows Admin or Linux Sudoer) Type ‘Yes’ or ‘No’ |
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1. Data Management Planning and Research Information
   1. 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).

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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:*

[**http://www.rcuk.ac.uk/research/datapolicy/**](http://www.rcuk.ac.uk/research/datapolicy/)

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

* 1. 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):

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**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.*

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

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| Name: |  |
| Date: |  |
| Email:  (must be your institution’s email) |  |
| Telephone number: |  |