**Public Benefit and Privacy Panel for Health and Social Care**

**Application Form**

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| **Application Control**  *Applicants should not fill out this section* | | | |
| Application Coordinator |  | | |
| Application Number |  | Submitted Date |  |
| Applicant Name |  | | |
| Proposal Name |  | | |

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Note to Applicants

Prior to completing your application form you should:

Contact the eDRIS Team, who will assist you - Nss.edris@nhs.net or by phone on 0131 275 7333

Read and understand the separate Guidance for Applicants

Your application should be typed, not handwritten. Your eDRIS application coordinator will inform you how to submit your application form and any supporting evidence. Before submitting your completed application, you should ensure that:

All relevant sections of the application are complete

Relevant supporting evidence is attached

Individuals named on the form have read and approved its submission

Please note that submitted applications may be circulated to panel members, administrative colleagues, NHSScotland information governance and information security colleagues, Caldicott Guardians, the CHI Advisory Group and, where appropriate, non-NHS Scotland colleagues from a variety of participating partner bodies, in the course of processing. You must make your eDRIS application coordinator aware of any confidential or sensitive information contained in your application which you would consider inappropriate for circulation in such a manner. Your application could be subject to disclosure or partial disclosure under the Freedom of Information (Scotland) Act, and will be retained in line with NHSScotland information policy.

Section 1 – People

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| **1.1** | **Applicant** *Please read section 1.1 of the guidance* | | |
| **1.1.01** | Full Name: | | Anthony Chapman |
| **1.1.02** | Title: | | Mr |
| **1.1.03** | Position: | | PhD Student |
| **1.1.04** | Professional Registration No.: | | *If applicable* |
| **1.1.05** | Organisation Name: | | Child Health, University of Aberdeen |
| **1.1.06** | Address: | | Royal Aberdeen Children’s Hospital, Aberdeen |
| **1.1.07** | Postcode: | | AB25 2ZG |
| **1.1.08** | Telephone Number: | |  |
| **1.1.09** | Email: | | r01ac14@abdn.ac.uk |
| **1.1.10** | Do you have an NHS contract/honorary contract? | | Choose an item. |
| **1.1.11** | Provide details of the most recent information governance training undertaken - a list of training courses is included at Appendix A, and you should particularly indicate if you have undertaken any of those listed | | |
|  | Name of course: | Good Clinical Practice | |
|  | Link to course content: | *If applicable* | |
|  | Institution: | University of Aberdeen | |
|  | Date completed: | GCP – Nov 2014 | |

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| **1.2** | **Clinical Sponsor/Lead** *Please read section 1.2 of the guidance* | | |
| **1.2.01** | Full Name: | | Steve Turner |
| **1.2.02** | Title: | | Dr |
| **1.2.03** | Position: | | Senior Clinical Lecturer in Child Health / PhD Supervisor |
| **1.2.04** | Professional Registration No.: | |  |
| **1.2.05** | Organisation Name: | | Child Health, University of Aberdeen |
| **1.2.06** | Address: | | Royal Aberdeen Children’s Hospital, Aberdeen |
| **1.2.07** | Postcode: | | AB25 2ZG |
| **1.2.08** | Telephone Number: | | +44 1224 438475 |
| **1.2.09** | Email: | | s.w.turner@abdn.ac.uk |
| **1.2.10** | Does this person have an NHS contract/honorary contract? | | Choose an item. |
| **1.2.11** | Provide details of the most recent information governance training undertaken - a list of training courses is included at Appendix A, and you should particularly indicate if this person has undertaken any of those listed | | |
|  | Name of course: | Good Clinical Practice | |
|  | Link to course content: | *If applicable* | |
|  | Institution: |  | |
|  | Date completed: |  | |

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| **1.3** | **Information/Data Custodian** *Please read section 1.3 of the guidance* | | |
| **1.3.01** | Full Name: | | David Reid |
| **1.3.02** | Title: | | Professor |
| **1.3.03** | Position: | | Head of School of Medicine and Dentistry, University of Aberdeen  Professor of Rheumatology, University of Aberdeen  Research & Development Director, NHS Grampian |
| **1.3.04** | Professional Registration No.: | | *If applicable* GMC 1346183 |
| **1.3.05** | Organisation Name: | | University of Aberdeen |
| **1.3.06** | Address: | | Medical School, Foresterhill, Aberdeen |
| **1.3.07** | Postcode: | | AB25 2ZD |
| **1.3.08** | Telephone Number: | | +44 (0)1224 437966 |
| **1.3.09** | Email: | | d.m.reid@abdn.ac.uk |
| **1.3.10** | Does this person have an NHS contract/honorary contract? | | Choose an item. |
| **1.3.11** | Provide details of the most recent information governance training undertaken - a list of training courses is included at Appendix A, and you should particularly indicate if this person has undertaken any of those listed | | |
|  | Name of course: | Good Clinical Practice (GCP) | |
|  | Link to course content: | *If applicable* | |
|  | Institution: | University of Aberdeen | |
|  | Date completed: | GCP - May 2013 | |

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| **1.4 Others with access to identifiable or potentially identifiable data** *Please read section 1.4 of the guidance* | | | | | | |
| *Complete this section if applicable – for each additional person* | | | | | | |
| Full Name: | To be confirmed at time of linkage | | Telephone or Email: | | +44 (0)1224 437046  dash@abdn.ac.uk | |
| Organisation: | Grampian Data Safe Haven (DaSH), University of Aberdeen/NHS Grampian | | Position: | | Programmer/Analyst | |
| Professional Registration No: |  | | NHS contract/ honorary contract? | | Choose an item. | |
| IG Training - Name of course: | | Good Clinical Practice  SHIP Information Governance Online Course | | | | |
| IG Training - Link to course: | | *If applicable* | | | | |
| IG Training - Institution: | | GCP – University of Aberdeen  SHIP – University of Edinburgh | | Date completed: | | GCP – February 2014  SHIP – March/April 2014 |

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| **1.5 Others** *Please read section 1.5 of the guidance* | | | |
| *Complete this section if applicable – for each additional person* | | | |
| Full Name: | Dr Wei Pang | Involvement in Proposal: | Advisor |
| Organisation: | University of Aberdeen | Position: | Advisor |

Section 2 – Organisations & Bodies

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| **2.1** | **Organisation or Body Leading Proposal** *Please read section 2.1 of the guidance* | |
| **2.1.01** | Organisation or Body Name: | *If the organisation here is an NHSScotland board, note this and go directly to question 2.1.4* |
| **2.1.02** | Is this organisation or body a registered data controller? If ‘Yes’, provide Data Protection Registration Number: | Choose an item. |
| **2.1.03** | Is this a commercial organisation or body? | Choose an item. |
| **2.1.03a** | If ‘Yes’, please provide a full explanation of the organisation or body’s activity and industry sector, including any previous experience of using NHSScotland data - append supporting documentation as appropriate | *If applicable* |
| **2.1.04** | Is this organisation or body wholly funding or paying for the costs of conducting the proposal? | Choose an item. |

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| **2.2** | **Organisation or Body Funding Proposal** *Please read section 2.2 of the guidance* | |
| *Complete the following section if you answered ‘No’ to question 2.1.4* | | |
| **2.2.01** | Organisation or Body Name: | *If the organisation here is an NHSScotland board note this and, go directly to section 2.3* |
| **2.2.02** | Is this organisation or body a registered data controller? If ‘Yes’, provide Data Protection Registration Number: | Choose an item. |
| **2.2.03** | Is this organisation or body a commercial organisation? | Choose an item. |
| **2.2.03a** | If ‘Yes’,please provide a full explanation of the organisation or body’s activity and industry sector, including any previous experience of using NHSScotland data - append supporting documentation as appropriate |  |

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| **2.3 Other Relevant Organisations or Bodies** *Please read section 2.3 of the guidance* | | |
| *Complete this section if applicable* | | |
| Organisation Name | Nature of Business/Sector | Nature of interest in proposal |
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Section 3 – Overview

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| **3.1** | **Proposal Essentials** *Please read section 3.1 of the guidance* | | |
| **3.1.01** | Proposal title/name: | | Linking antenatal maternity data to non-communicable diseases in children and adults. |
| **3.1.02** | Is this proposal an extension or renewal of an existing approval (for example to conduct a study over a wider geographic area or for a longer period of time)? Please provide details, include the reference number of the original approval, and summarise the changes requested | | Choose an item.  no |
| **3.1.03** | Is this new proposal related to a previous application (approved or not)? Please give details, indicate if this is a resubmission, including the reference number of the original submission | | Choose an item. no |
| **3.1.04** | What is(are) the substantive purpose(s) of the proposal? (tick all that apply) | | |
|  | ☐ Patient Care | ☐ Research | |
|  | ☐ Audit | ☐ Performance Monitoring/Management | |
|  | ☐ Service Planning/Improvement | ☐ Health/Social Care Administration | |
|  | ☐ Systems Implementation/Testing | ☐ Training/Education | |
|  | ☐ Quality (Clinical, Educational, etc) |  | |
|  | If other clearly defined purpose, please give details: | | |
| **3.1.05** | Does the proposal require the use of information which can identify or potentially identify individuals? | | Choose an item. |
| **3.1.06** | Access is being requested to data from which sources? (tick as many as are relevant) | | |
|  | ☐ A single NHS Scotland Board (excluding NSS)  ☐ NHS National Services Scotland  ☐ More than one NHS Scotland Board  ☐ A national NHS Scotland system/database  ☐ More than one NHS Scotland system/database  ☐ Community Health Index (CHI) database  ☐ NHS Central Registry | | |
|  | If other, please give details: | | |
| **3.1.07** | Provide a full, clear concise outline of the proposal background – describe why it is needed, aims and objectives and envisaged benefits to the public and/or patients: | | |
| **3.1.08** | Provide a full, clear and concise outline of the proposal design, listing: data sources; sample size ; inclusion/exclusion criteria (eg involvement in trial/survey; health event, etc); relevant date range; need for identifiable or potentially identifiable data; requirement for a matched control cohort etc. | | |
| **3.1.09** | Does the proposal have implications for, or target, sensitive groups or vulnerable populations? Please give details | | |
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| **3.1.10** | Does the proposal seek to use information exclusively about deceased persons? Please give details | | |
|  |  | | |
| **3.1.11** | Have any members of the public/lay representatives been involved in the proposal design? Please give details | | |
|  |  | | |
| **3.1.12** | Has any peer review of the proposal been undertaken? Please give details (for example formal review by a peer organisation or funding body, informal internal review, review by a third party) | | |
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| **3.1.13** | Is there *any* commercial aspect or dimension to the proposal or its outcomes? Please give details | | |
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| **3.2 Proposal Geography** *Please read section 3.2 of the guidance* |
| ☐ Local/Regional (relating to one or more specific areas within Scotland) |
| ☐ National (relating to the whole of Scotland) |
| ☐ UK-wide (relating to the whole of the UK, or to UK regions outside Scotland) |
| ☐ International (relating to areas within the EEA)  ☐ International (relating to areas beyond the EEA) |

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| **3.3** | **Proposal Duration and Frequency** *Please read section 3.3 of the guidance* | |
| **3.3.01** | What is the proposed duration of the proposal? |  |
| **3.3.02** | Does the proposal require updates of information at regular intervals? Please give details |  |
| **3.3.03** | Are you seeking approval to iterate the proposal (ie the *whole* project, audit or study) at regular intervals? Please give details |  |

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| **3.4** | **Statutory and Regulatory Context** *Please read section 3.4 of the guidance* | |
| **3.4.01** | Does your proposal have a statutory or regulatory justification - is the proposal responding to a statutory or regulatory instruction, duty or order? Please give details | *If applicable* |
| **3.4.02** | Which Data Protection Act schedule 2 and schedule 3 conditions are relevant? (a list of conditions can be found at Appendix B) |  |
| **3.4.03** | Are there any relevant information sharing agreements, protocols or contracts in place which support your proposal? Please give details and attach as supporting documentation if available | *If applicable* |
| **3.4.04** | Has a Privacy Impact Assessment been carried out which supports your proposal? Please give details and attach as supporting documentation if available | *If applicable* |
| **3.4.05** | Has local Caldicott approval been given for your proposal at a local level? Please give details | *If applicable* |
| **3.4.06** | Are approvals from Caldicott Guardians outside Scotland pending or received? Please give details | *If applicable* |

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| **3.5** | **Research and Ethics Governance** *Please read section 3.5 of the guidance* | |
| **3.5.01** | Has your proposal sought research/ethics approval? | Choose an item. |
| **3.5.01a** | If yes, please provide committee details and status of approval (ie pending, approved, etc). Please attach as supporting documentation if available | *If applicable* |
| **3.5.01b** | If no, please explain why research/ethics approval is not sought: | *If applicable* |

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| **3.6** | **Safe Havens** *Please read section 3.6 of the guidance* | |
| **3.6.01** | Do you intend to access the data requested exclusively through a safe haven listed at Appendix A? Please provide details of which safe haven/s | *If you have answered ‘Yes’ you do not need to complete sections 5.2 or 5.3* |
| **3.6.02** | If you applying to use NHS NSS data and you do not intend to do this through the National Safe Haven, please explain why | *If applicable* |

Section 4 – Data & Data Subjects

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| **4.1 Data yet to be collected** *Please read section 4.1 of the guidance* | | |
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| Dataset/source Name | Collection by (whom)? | Explicit consent sought? If Yes, describe how explicit consent being sought – provide copies of participant consent/registration forms, etc. If No,explain why consent is not being sought (eg impractical, risk associated with seeking consent, etc) |
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| **4.2 All Other Datasets / sources** *Please read section 4.2 of the guidance* | | | | |
| Dataset/source Name | Data Controller (Organisation) | Original purpose compatible with proposal? |  | |
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| How were individuals originally informed of the use of their data? (if known) | | | |  |
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| For existing dataset/sources for which the data controller is not an NHSScotland board, please append evidence of the data controllers permission to use the data | | | |  |

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| **4.3 Data Variables** *Please read section 4.3 of the guidance* | | | |
| Dataset/source Name | Variable | Time Period/Range | Processing only? |
|  |  |  | Choose an item. |
|  |  |  | Choose an item. |
|  |  |  | Choose an item. |
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| Please justify your need for identifiable or potentially identifiable variables: | | | |
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| **4.4** | **NRS/NHSCR Data Sources** *Please read section 4.4 of the guidance* | | |
| *Complete this section if access to NHSCR is required, or if there is any National Records of Scotland involvement* | | | |
| **4.4.01** | Does the proposal require access to NHS Central Registry as a sampling frame for cohorts? | | Choose an item. |
| **4.4.02** | Does the proposal involve flagging of individuals on the NHSCR for long term follow up? | | Choose an item. |
| **4.4.03** | If yes,is flagging necessary: | | |
|  | ☐ To trace and contact individuals throughout the UK? | | |
|  | ☐ To be informed of fact and cause of death? | | |
|  | ☐ To be informed of the incidence of on-going cancers? | | |
|  | ☐ To be informed of emigrations prospectively and retrospectively? | | |
| **4.4.04** | Is any other NRS involvement required? Please provide details |  | |

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| **4.5** | **Making Contact with Individuals** *Please read section 4.5 of the guidance* | | | | | |
| **4.5.01** | Is any direct contact with any group of individuals required? If Yes, please provide details below | | | | | Choose an item. |
|  | Contact Group and Method of contact | | | | | Contact by (whom) |
|  | ☐ Hospital Consultants | ☐ Letter | ☐ Phone | ☐ Other (specify) : |  | |
| ☐ Other NHSS Staff | ☐ Letter | ☐ Phone | ☐ Other (specify) : |  | |
| ☐ General Practitioners | ☐ Letter | ☐ Phone | ☐ Other (specify) : |  | |
| ☐ Patients/Public | ☐ Letter | ☐ Phone | ☐ Other (specify) : |  | |
| ☐ Relatives of participants | ☐ Letter | ☐ Phone | ☐ Other (specify): |  | |
| ☐ Others (please specify): | ☐ Letter | ☐ Phone | ☐ Other (specify) : |  | |
| **4.5.02** | Please explain why contact is being made – append copies of relevant correspondence as supporting evidence | | | | | |
|  | *If applicable* | | | | | |

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| **4.6** | **Community Health Index (CHI) Database** *Please read section 4.6 of the guidance* | |
| *Complete this section if access to CHI Database is required* | | |
| **4.6.01** | What monitoring and audit of the use of CHI is planned? Please provide details |  |
| **4.6.02** | What technical method will be used to access CHI (online read-only, download, other extract, anonymised extract, etc)? Please provide details |  |
| **4.6.03** | Have any risks been identified in the proposal which relate specifically to CHI? |  |

Section 5 – Methodology & Data Processing

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| **5.1** | **Methodology** *Please read section 5.1 of the guidance* | | | | |
| **5.1.01** | Does the proposal require any of the following: | | | | |
| ☐ Data matching/linking  ☐ Use of matched controls | ☐ Single anonymised data extract | | | |
| Other (please specify): | | | | |
| **5.1.02** | Who is carrying out any indexing/  linkage/anonymisation, and where? | | | | *If applicable* |
| **5.1.03** | Which data sources listed at section 4.1 and 4.2 will NSS/NRS receive identifiers for linkage purposes? | | | | *If applicable* |
| **5.1.04** | What variables will be provided for linkage? | | | | |
| ☐ CHI Number | | ☐ Forename | ☐ Surname | |
| ☐ Date of Birth | | ☐ Address or Postcode | ☐ NHS Number | |
| Other Please Specify: | | | | |

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| **5.2** | **Access** *Please read section 5.2 of the guidance* | |
| *Complete the following section if you answered ‘No’ to question 3.6.1* | | |
| **5.2.01** | At what location is identifiable or potentially identifiable data being accessed? |  |
| **5.2.02** | Please provide details of security policy/procedure governing access to this physical and technical environment – append supporting documentation |  |
| **5.2.03** | Does this policy/procedure cover password policy in detail? Please provide details/ append supporting documentation |  |
| **5.2.04** | Does this policy/procedure cover user account management, including review or removal of access to sensitive/personal data, in detail? Please provide details/ append supporting documentation |  |
| **5.2.05** | Will individuals with access to data have individual or shared accounts? |  |
| **5.2.06** | Will the data be accessed by staff working off site eg staff working from home at any time during the duration of the proposal? | Choose an item. |
| **5.2.06b** | If yes, are policies/procedures in place to facilitate, monitor and audit this access? Please provide details/ append supporting documentation | *If applicable* |
| **5.2.07** | Provide any additional detail of how data is protected from unauthorised access | *If applicable* |

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| **5.3** | **Store & Use** *Please read section 5.3 of the guidance* | |
| *Complete the following section if you answered ‘No’ to question 3.6.1* | | |
| **5.3.01** | Where is data being stored and used? (location, organisation, address – refer to addresses in previous sections if appropriate) |  |
| **5.3.02** | Data Protection Registration Number | *If applicable* |
| **5.3.03** | ISO 27001 Cert. No. | *If applicable* |
| **5.3.04** | Please provide details of security policy/procedure governing storage and use of data within this physical and technical environment – append supporting documentation |  |
| **5.3.05** | Does this policy/procedure cover the implementation of up-to-date controls for the detection and prevention of malware? Please provide details/ append supporting documentation |  |
| **5.3.06** | Does this policy/procedure cover access control and auditing of system administrator activity? Please provide details/ append supporting documentation |  |
| **5.3.07** | Does this policy/procedure cover the production of backups and the controls in place around these? Please provide details/ append supporting documentation |  |
| **5.3.08** | Does this policy/procedure describe the controls in place to prohibit unauthorised copying of data? Please provide details/ append supporting documentation |  |
| **5.3.09** | Does this policy/procedure describe physical and site controls? Please provide details/ append supporting documentation |  |
| **5.3.10** | Does this policy/procedure cover hardware repair, replacement or disposal and protection of data from inappropriate access during such procedures? Please provide details/ append supporting documentation |  |
| **5.3.11** | Describe the systems, software and security used to store and use data - please provide details/ append supporting documentation |  |
| **5.3.12** | Is outsourced IT in use? Please give details |  |
| *Please repeat section 5.3 above for each relevant location in the proposal – see guidance* | | |
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| **5.4** | **Transfer** *Please read section 5.4 of the guidance* | |
| **5.4.01** | Please provide details of security policy/procedure to ensure that data will be transferred in such a way that it is protected from inappropriate or unauthorised access (mention email encryption, secure file transfer protocols SFTP, device encryption, physical controls, etc, as appropriate) - append supporting documentation |  |
| **5.4.02** | At what intervals/ trigger points will data transfer take place? |  |
| **5.4.03** | Will any identifiable or potentially identifiable data be transferred outside of the UK? | Choose an item. |
| **5.4.03b** | If yes,please provide details of the country of destination, the method of transfer, the proposed location and method of storage outside of the UK, and details of any further onward transfer | *If applicable* |
| **5.4.04** | Other than initial transfers from source systems, is there any copying of data required within the proposal? Please give details |  |

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| **5.5** | **Dissemination** *Please read section 5.5 of the guidance* | |
| **5.5.01** | Will proposal findings be published or disseminated beyond the proposal team? | Choose an item. *If you have answered ‘No’, go directly to section 5.6* |
| **5.5.01a** | If yes, how will proposal findings be published or disseminated, to what audience and in what format? Please give details | *If applicable* |
| **5.5.01b** | If yes, what steps will be taken to ensure that persons cannot be identified in published findings (eg disclosure control procedures (safe haven), use of aliases, numbers, avoidance of small geographical areas, avoidance of small numbers , etc)? Please give details | *If applicable* |
| **5.5.01c** | If yes, are there any circumstances where a living or dead individual would be cited? (eg where a person consented to their data being used as a case study)? Please give details | *If applicable* |
| **5.5.01d** | If yes, were any permissions to publish data required or sought (for example from data controllers)? Please provide details | *If applicable* |

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| **5.6** | **Retain/Dispose** *Please read section 5.6 of the guidance* | |
| **5.6.01** | Which information/data/records retention policy will you be applying to the proposal data (details of the policy and the organisation to which it belongs)? |  |
| **5.6.02** | How long do you intend to retain identifiable or potentially identifiable data after the conclusion of the proposal (including archive/backup copies)? |  |
| **5.6.03** | Who will retain the data and where? |  |
| **5.6.04** | What is the purpose for retaining the data for the specified time? |  |
| **5.6.05** | What method of disposal or destruction will be used when this period has expired (including archive/backup copies)? |  |
| **5.6.06** | What evidence will be obtained that destruction has occurred (eg IT supplier certificate of destruction, etc)? |  |

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| **5.7** | **Review** *Please read section 5.7 of the guidance* | |
| **5.7.01** | Describe how the mechanisms which safeguard data security will be audited and reviewed at regular intervals to ensure their continued efficacy |  |
| **5.7.02** | Describe any resource implications to any of the proposed measures for the protection of physical or technical security of information which are unresolved at the time of this application? (for example encryption of devices is an intention not yet fulfilled, training is not yet undertaken, etc) |  |
| **5.7.03** | Describe the breach reporting mechanisms to be invoked in the event of any inappropriate access to data or other information security incident |  |

Section 6 – Declaration

I DECLARE THAT this application is accurate, and that, should it be successful, any health data made accessible will be used for no other purpose, and in no other way, than as described above.

I UNDERTAKE TO notify the Public Benefit and Privacy Panel of any future changes to the purpose or manner in which data is processed in accordance with this application.

I UNDERSTAND THAT any future applications by me, or my employing or sponsoring organisation, may be refused should any health data made accessible be used for any other purpose or in any other way than that described above.

I CERTIFY THAT all those who have access to health data in this proposal are aware of the requirements of confidentiality and understand that any breach (eg disclosure of confidential information to a person not authorised to receive it) will be reported to the data controller, and in the case of NHS Scotland originated data to Scottish Government eHealth division.

I GUARANTEE THAT no publication will appear in any form in which an individual may be identified without the written permission of that individual, and that I will apply appropriate disclosure control when planning publications involving the data requested.

I UNDERSTAND THAT the Data Controller, and agents acting on its behalf, reserves the right to inspect the data on the sites where it is being processed.

To be signified by the APPLICANT

|  |  |
| --- | --- |
| Name (in Capitals): | Date: |

I DECLARE THAT (the applicant named above) is a *bona fide* worker engaged in a reputable project and that the data he/she asks for can be entrusted to him/her in the knowledge that he/she will conscientiously discharge his/her obligations, including in regard to confidentiality of the data, as stated in the declaration above.

To be signified by the INFORMATION CUSTODIAN named in Section 1.3 above (where the Information Custodian is not the applicant).

|  |  |
| --- | --- |
| Name (in Capitals): | Date: |

Section 7 - Supporting Evidence

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| **Supporting Evidence** *Please read section 7 of the guidance* |
| Please list each piece of supporting evidence which you have included with your application in the box below – the name of each should clearly indicate what the document/file/reference is about |
|  |

Appendix A – Reference lists for applicants

|  |  |
| --- | --- |
| **1. Examples of Existing Datasets and Data Sources** | |
| SMR 00 Outpatients | SMR 04 Mental Health |
| SMR 01 Inpatients and Day Cases | SMR 06 Cancer Registration |
| SMR 02 Maternity | SMR 11/SBR Neonatal/Scottish Birth Records |
| Scottish Drugs Misuse Database (SDMD) | Birth Registrations |
| A&E – Accident & Emergency | Stillbirth Registrations |
| PIS Prescribing Information | Death Registrations |
| CHSP-PS/CHSP-S/SIRS – Child Health Surveillance and Immunisation | SCI-DC |
| NHS National Service Scotland’s Information Services Division (ISD) maintains a National Dataset Catalogue (NDC) containing details of all health and health related datasets that are held by ISD. The Administrative Data Liaison Service (ADLS) publishes further information on key NHSScotland datasets | |