

External research and data request form

## Instructions:

This form is to be used for requests for NDSS data to conduct research.

Read the [External Research and Data Request Policy](https://www.ndss.com.au/services/diabetes-research/access-to-ndss-data/).

Check that the data you are requesting is not already publicly available at the [Australian Diabetes Map](https://www.ndss.com.au/about-the-ndss/diabetes-facts-and-figures/australian-diabetes-map/) before lodging this request.

Complete the form and submit by email to: [ndssdata@ndss.com.au](mailto:ndssdata@ndss.com.au) with any supporting documents.

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| **1. Requestor details** | | | |
| Name: Click or tap here to enter text. | | Position: Click or tap here to enter text. | |
| Organisation: Click or tap here to enter text. | | Role in project: Click or tap here to enter text. | |
| Phone: Click or tap here to enter text. | | Email: Click or tap here to enter text. | |
| Address: Click or tap here to enter text. | | | |
| Suburb: Click or tap here to enter text. | State/Territory: Click or tap here to enter text. | | Postcode: Click or tap here to enter text. |

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| **2. Purpose of request** |
| Select all that apply:  Recruitment of people registered with the NDSS into a research project  Access to NDSS data  ☐ Other, please provide details: Click or tap here to enter text. |

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| **3. Project overview** | |
| **Project title** | |
| Click or tap here to enter text. | |
| **Project detail** | |
| Provide an outline of the research project or other activity including rationale, aims and objectives, and how the expected outcomes will enhance the capacity of people with diabetes to understand and manage their life with diabetes, and minimise the impact of diabetes on overall health outcomes.  Please advise if attaching a document with this information.   | Click or tap here to enter text. | | --- | | |
| **Ethics Committee approval** | |
| Is Ethics Committee approval required?  Yes. Provide a copy of all supporting documentation.  No. Provide a letter of exemption or justification why approval is not required. | |
| **Proposed research timeline** | |
| Start date: | Click or tap here to enter text. |
| Completion date: | Click or tap here to enter text. |
| Provide details of any deadlines or timelines we need to be aware of, e.g. deadlines for applying to a funding body/grant application | Click or tap here to enter text. |

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| **4. Details of research or project team** | |
| Provide details of other people who will have access to the requested data or research participants.  Add additional people and/or organisations as required. | |
| Name: Click or tap here to enter text. | Position: Click or tap here to enter text. |
| Organisation: Click or tap here to enter text. | Role in project: Click or tap here to enter text. |
| Name: Click or tap here to enter text. | Position: Click or tap here to enter text. |
| Organisation: Click or tap here to enter text. | Role in project: Click or tap here to enter text. |
| Name: Click or tap here to enter text. | Position: Click or tap here to enter text. |
| Organisation: Click or tap here to enter text. | Role in project: Click or tap here to enter text. |
| Name: Click or tap here to enter text. | Position: Click or tap here to enter text. |
| Organisation: Click or tap here to enter text. | Role in project: Click or tap here to enter text. |

For requests relating to the recruitment of NDSS registrants into research projects, go to Section 5.

If you are only requesting access to NDSS data, go to Section 6.

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| **5. Recruitment communications** | |
| Number of people to contact: | Click or tap here to enter text. |
| Number of people to recruit: | Click or tap here to enter text. |
| Select the preferred communication method for recruitment:  Letter  Email  Other, please specify: Click or tap here to enter text. | |
| Select all the communication materials that will be provided to research participants:  Survey or questionnaire  Flyer or brochure  Website, please specify link: Click or tap here to enter text.  Other, please specify: Click or tap here to enter text.  Provide copies of communications materials and/or provide links. | |
| How will the research participants be provided with feedback on the research outcomes and results?   | Click or tap here to enter text. | | --- | | |
| Please complete the sections below and these details will be added to the recruitment communication. | |
| Researcher at Click or tap here to enter text. are conducting a study with the aim of Click or tap here to enter text.  Participation in this study is voluntary. If you choose to participate you will need to Click or tap here to enter text.  For more information please contact Click or tap here to enter text. based at Click or tap here to enter text. on Click or tap here to enter text.  Additional information:   | Click or tap here to enter text. | | --- | | |

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| **6. Data or cohort required** |
| Indicate the data or cohort being requested by selecting from the options below:   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Age group** | **Type of diabetes** | **Location** | **Method of managing diabetes** | | **Other criteria** | | 0-10  11-15  16-20  21-29  30-39  40-49  50-59  60-69  70-79  80-89  90+ | Type 1  Type 2  Gestational  Other  All | ACT  NSW  WA  QLD  SA  NT  TAS  VIC  All | Insulin  Non-insulin injectable  Insulin pump  Non-insulin requiring | | Born outside of Australia  English not the main language spoken at home  Aboriginal or Torres Strait Islander | | **Registration date range** (e.g. 1/1/2010 – 31/12/2010) | | | | Click or tap here to enter text. | |   Additional information:   | Click or tap here to enter text. | | --- |   Note:   * Attach required postcode information in an Excel format. * NDSS records date of registration (not date of diagnosis). * Age range will be capped at 75 unless otherwise specified. * Data of less than 10 registrants in any selected reporting category or cohort cannot be provided. * To discuss your data needs in more detail, please email [ndssdata@ndss.com.au](mailto:ndssdata@ndss.com.au). * Please allow a minimum of 15 business days for the request to be considered. Complex requests may take longer. |
| Do you intend to link this data with other dataset/s?  No  Yes. Provide details of what dataset/s you will be linking this to:   | Click or tap here to enter text. | | --- | |

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| **7. Declaration and agreement** | |
| I certify that I am authorised to make this request on behalf of the organisation as stated in the “Requestor details” section of this application. I have read and accept the terms outlined in the [External Research and Data Request Policy](https://www.ndss.com.au/services/diabetes-research/access-to-ndss-data/) which may be varied from time to time and published on the NDSS website.  I confirm that all information contained in this application is true and correct and that the NDSS information provided for this project will only be used as outlined in this request. I am aware of and understand all relevant legislation, including the *Privacy Act 1988*, relating to this project and will ensure that the project will be conducted in accordance with all relevant legislation.  I will acknowledge the NDSS in all reports, publications and presentations resulting from this request. In addition to this acknowledgement, I will provide copies of all research reports (including project status reports and final reports), publications and presentations to Diabetes Australia as the NDSS administrator. If research reports are not provided or the NDSS acknowledged, the organisation specified in the “Requestor details” will be suspended from any further requests until such time the acknowledgement is included or the reports, publications and presentations are provided to Diabetes Australia.  I acknowledge that as per the [External Research and Data Request Policy](https://www.ndss.com.au/services/diabetes-research/access-to-ndss-data/), the full cost of any activities undertaken by Diabetes Australia relating to research or data requests will be charged to the researcher/party on a cost recovery basis. Based on an initial estimate, a 50% deposit will be required prior to the request being considered. A firm quote will be provided when the request has been approved and Diabetes Australia has been provided with quotations from relevant suppliers.  I acknowledge that no variation to this request will be consider by Diabetes Australia once the request for has been submitted. Any changes will require new request form noting this may increase processing time along with additional costs being incurred.  Diabetes Australia reserves the right refuse or suspend any request where it is of the opinion any of the above is not being complied. | |
| Name: Click or tap here to enter text. | Date: Click or tap here to enter text. |
| Signature: | |

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| **8. Supporting documents** |
| If applicable, please submit copies of:  Ethics committee approvals (or exemption)  Participant consent forms  Flyers, brochures, surveys, questionnaires, interview questions and/or website links  Postcodes in Excel spreadsheet  50% deposit as per the [External Research and Data Request Policy](https://www.ndss.com.au/services/diabetes-research/access-to-ndss-data/)  **This request cannot be processed until the supporting documents have been received.** |
| **Email completed form and supporting documents to:** [**ndssdata@ndss.com.au**](mailto:ndssdata@ndss.com.au) |