# External Research Request Form for identifiable

# or re-identifiable data and other requests

## Purpose of this form

This form is for individuals and organisations requesting access to any of the following for research purposes:

* tailored releases of NDIS unit record (individual level) data
* administrative data held by the NDIA such as corporate, financial and human resources data
* access to NDIA personnel (employees, contractors, and volunteers) for participation in research as:
	+ study subjects
	+ members of project teams, expert advisors on steering committees and working parties, or similar activities
	+ collaborations or partnerships.

## Instructions for applications

### ****Government Departments/authorities****

| Are you from a Commonwealth, State or Territory Government Department/Authority requesting NDIS data? | [ ]  Yes.  Please don’t complete this form, please contact DATASHARING@ndis.gov.au to discuss your request for NDIS data.[ ]  No  complete the Checklist below |
| --- | --- |

### ****Checklist****

| Does the request **only** involve access to aggregated (summary level) data? | [ ]  Yes  complete the [**External Research Request Form for Aggregated Data**](https://www.ndis.gov.au/community/research-and-evaluation/how-we-engage-researchers-and-disability-sector#engaging-with-the-ndis)instead[ ]  No |
| --- | --- |
| Does the request involve access to unit record (individual level) data? | [ ]  Yes  complete **Sections 3-4 and 6-9**[ ]  No |
| Does the research involve access to NDIA personnel? | [ ]  Yes  complete **Sections 3 and 5.1 and 6-9**[ ]  No |
| Does the research involve a request for a collaboration or partnership? | [ ]  Yes  complete **Sections 3, 5.2 and 6-9**[ ]  No |
| Other | Please provide details: |

If you have answered ‘No’ to all of the above questions, applicants should review the [External Research Request Interim Policy](https://www.ndis.gov.au/community/research-and-evaluation) for more information on access requests.

### ****Ethics approval****

If required for your project, approval from a National Health and Medical Research Council (NHMRC) registered Human Research Ethics Committee (HREC) should be obtained prior to lodging this application, where possible.

**A copy of the HREC approval or submission letter, research protocol and all relevant documents** **(including participant information sheets if appropriate**) **MUST be included with your application**.

### NDIA Corporate Plan Aspirations

The Research and Evaluation Branch will provide a single point of contact to facilitate requests and will consider research requests that align to the delivery of the aspirations, goals and related outcomes as stated in the [NDIS Corporate Plan](https://www.ndis.gov.au/about-us/publications/corporate-plan).

You must identify the outcomes relevant to your research in the form, EXCEPT for tailored data requests as these will be considered in accordance with the [Public Data Sharing Policy](https://data.ndis.gov.au/public-data-sharing).

Please note, the NDIA does not have capacity to support initiatives that do not align with the NDIA’s aspirations. Please only proceed to complete this form if your request aligns to one of the above NDIA’s aspirations.

### Submission process

Please email a copy of your completed signed application form and any necessary accompanying documents to the NDIA Research and Evaluation Office at research@ndis.gov.au.

### About assessment

All applications (**except** for tailored data requests) are assessed based on the following criteria:

* alignment to one or more of the [Corporate Plan](https://www.ndis.gov.au/about-us/publications/corporate-plan) aspirations, goals and related outcomes
* benefits gained from the research activity to NDIS participants, communities, providers, service systems or wider public
* extent of resourcing (staff, facilitation, data access) required and available to support the activity
* risks associated with supporting the activity
* duplication of effort, coordination with similar or complimentary activities
* dissemination strategy to provide evidence publications, reports and tools to NDIA personnel and stakeholders

### Further information

Any questions are to be sent to research@ndis.gov.au.

### Collection of personal information

By completing this request form, you agree to the NDIA using your personal information for the purpose of managing your request for access NDIS data. We will be unable to process your request without this information.

Information about the collection, use, disclosure, and storage of personal information by the NDIA is available in our [Privacy Policy](https://www.ndis.gov.au/about-us/policies/privacy).

## Project overview

### Project title

| Click or tap here to enter text. |
| --- |

### Project detail

What is the background and rationale of the project?

| Click or tap here to enter text. |
| --- |

What are the project’s aims and objectives?

| Click or tap here to enter text. |
| --- |

Please attach the research protocol to your application which provides details of the study design, methods and planned outputs.

### Human Research Ethics

Has Human Research Ethics Committee (HREC) approval been sought?

[ ]  Yes. Please provide a copy of HREC approval or status of application if approval is pending

[ ] No. Please provide a HREC letter of exemption or justification why HREC approval is not required

| Click or tap here to enter text. |
| --- |

### Funding arrangements

Please outline the cost and funding arrangements for the project.

Is this project funded by another organisation?

[ ] No

[ ]  Yes, please provide details.

| Click or tap here to enter text. |
| --- |

### Requestor details

Please provide details of the chief investigator/project lead and any others who will have access to the requested data, information, or NDIA personnel. Insert additional rows if required.

#### Chief investigator/Project lead

| First name | Click or tap here to enter text. |
| --- | --- |
| Last name | Click or tap here to enter text. |
| Position | Click or tap here to enter text. |
| Department | Click or tap here to enter text. |
| Organisation | Click or tap here to enter text. |
| Mobile phone | Click or tap here to enter text. |
| Email | Click or tap here to enter text. |
| Role in the research project | Click or tap here to enter text. |

#### Associate investigator 1/Project team member 1

| Title | Details |
| --- | --- |
| First name | Click or tap here to enter text. |
| Last name | Click or tap here to enter text. |
| Position | Click or tap here to enter text. |
| Department | Click or tap here to enter text. |
| Organisation | Click or tap here to enter text. |
| Mobile phone | Click or tap here to enter text. |
| Email | Click or tap here to enter text. |
| Role in the research project | Click or tap here to enter text. |

### Additional organisations involved in the research (if applicable)

| Organisation | Click or tap here to enter text. |
| --- | --- |
| Role in the research | Click or tap here to enter text. |

### Alignment to one or more of the corporate plan aspirations

Which [Corporate Plan](https://www.ndis.gov.au/about-us/publications/corporate-plan) aspiration does this application relate to? Please select:

| **NDIA Aspirations:** |  |
| --- | --- |
| Aspiration 1: A quality experience and improved outcomes for participants |[ ]
| Aspiration 2: A competitive market with innovative supports |[ ]
| Aspiration 3: A genuinely connected and engaged stakeholder sector |[ ]
| Aspiration 4: A high-performing NDIA |[ ]
| Aspiration 5: A financially sustainable NDIS |[ ]
| **Unsure –** I need guidance to identify the relevant aspiration |[ ]
| **None**. The NDIA does not have capacity to support initiatives that do not align with the NDIA’s aspirations. Please only proceed to complete this form if your request aligns to one of the above NDIA’s aspirations  |[ ]

Outline how your research directly addresses one of the NDIA’s aspirations, goals and related outcomes (about 100 words or less).

| Click or tap here to enter text. |
| --- |

### ****Project**** duration

What is the estimated timeline for the completion of research outputs?

| Click or tap here to enter text. |
| --- |

* **If you are only requesting access to NDIS tailored data, go to sections 4 and sections 6-9 for completion.**
* **If you are only requesting access to NDIA personnel or for research collaborations, go to sections 5-9 for completion.**

## Tailored data requests

### Type of NDIS data being requested

Please describe the data being requested by selecting from the options below. Please refer to Appendix A in the [NDIS Public Data Sharing Policy](https://data.ndis.gov.au/public-data-sharing) and the metadata (data rules) at [NDIS Data and Insights – Data Downloads](https://data.ndis.gov.au/data-and-insights/data/data-downloads) for further details on data available. The data rules documents are available for participant, active providers, budget and market data downloads. Additionally, refer to the [Quarterly Reports](https://aus01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ndis.gov.au%2Fabout-us%2Fpublications%2Fquarterly-reports&data=04%7C01%7CResearch%40ndisgovau.mail.onmicrosoft.com%7C34d855f18dfd40d11bb508da21c81775%7Ccd778b65752d454a87cfb9990fe58993%7C0%7C0%7C637859440547871438%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000&sdata=T%2BqCCuRN8x%2BDtpnhb2L7mWVAheP36AADOvQlRYe0oFQ%3D&reserved=0) for examples of data sets held by the Agency.

| Click or tap here to enter text. |
| --- |

### Details of data required

Are you requesting data about specific participant subgroups or cohorts (e.g., specific age groups, gender, disability type, location)?

[ ]  No

[ ]  Yes. Please provide details of inclusion and exclusion criteria and why this data is necessary.

| Click or tap here to enter text. |
| --- |

Are you requesting individual level (non-aggregated) data?

[ ]  No, aggregated (summary) data only with small cells masked.

[ ]  No, aggregated (summary) data only without small cells masked

[ ]  Yes. Please provide justification for your requirement of individual level data and why this data is necessary

| Click or tap here to enter text. |
| --- |

The data cubes available on the [NDIS Data and Insights](https://data.ndis.gov.au/) page are a useful resource for determining whether the cohort of interest is likely to result in small cells.

**Note: If requesting aggregated data, please provide a template for the table structure you are expecting to receive.**

### Reporting period

| Date range (e.g., 01/01/2015 – 31/12/2017) | Click or tap here to enter text. |
| --- | --- |
| Time series (e.g., yearly, quarterly, monthly) | Click or tap here to enter text. |

### Purpose of your data request

How will the information or data you are requesting assist your project in meeting its aims and objectives?

| Click or tap here to enter text. |
| --- |

### Matters relevant to the NDIS

Do any of the following apply to your NDIS data request? (Please select more than one if applicable)

[ ]  It is reasonably necessary for research into matters relevant to the NDIS.

[ ] It is reasonably necessary for actuarial analysis of matters relevant to the NDIS.

[ ] It is reasonably necessary for policy development.

If yes, please provide further information below providing a detailed justification for each category.

| Click or tap here to enter text. |
| --- |

### Data linkage

Do you intend to link this data with other dataset/s?

[ ]  No

[ ]  Yes. Please provide details of what dataset/s you will be linking this to

| Click or tap here to enter text. |
| --- |

Which organisation will be linking the data?

| Click or tap here to enter text. |
| --- |

Is this organisation an Accredited Integrating Authority? (See the [Data Integration - Accredited Integrating Authorities - Data.gov.au](https://toolkit.data.gov.au/Data_Integration_-_Accredited_Integrating_Authorities.html) page )

[ ]  Yes

[ ]  No

### Preferred format

Please indicate what format you prefer to receive the data. We will attempt to meet your request, although it may not be possible in all cases.

[ ]  Comma Separated Value (.csv) [ ]  Microsoft Word Document (.doc)

[ ]  Excel spreadsheet (.xlsx) [ ]  Printable document format (.pdf)

**If your request also involves access to NDIA personnel, please complete Section 5.1.**

**If your research involves a request for a collaboration or partnership, please go to Section 5.2.**

**If your research does not involve any further requests, please go to Section 6.**

## Other external research requests involving NDIA resources

### Requests relating to access to NDIA personnel

#### Personnel to be involved in supporting this application

Which group are you seeking access to? Please select all that apply.

[ ]  NDIA planners and/or Local Area Community Partners (LACs)

[ ]  Subject Matter Experts (SMEs) or Strategic Advisor (SA) for example in the following areas:

* Aboriginal and Torres Strait Islanders and Inclusion Strategies (including people from Culturally and Linguistically Diverse backgrounds and LGBTIQA+ communities)
* Assistive technology
* Audiology and/or hearing loss
* Autism
* Behavioural support
* Chronic health and complex medical conditions
* Communication impairment/communication technology
* Contemporary and innovative approaches
* Early childhood early intervention
* Employment
* Health interface
* Home modifications
* Mental health and psychosocial disability
* Neurological and muscular degeneration

[ ]  Other (e.g., Executive or Senior Management).

Please specify

| Click or tap here to enter text. |
| --- |

#### Assistance from NDIA personnel

Please indicate the type of assistance required from NDIA personnel in the table below.

| Assistance | Mark with X | Number of staff | Time Commitment | Frequency |
| --- | --- | --- | --- | --- |
| Interviews  |[ ]  Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Focus groups  |[ ]  Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Surveys  |[ ]  Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Interpreting data  |[ ]  Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Membership of an advisory group or steering committee |[ ]  Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Providing project, policy, service information |[ ]  Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

Please attach copies of any participant information sheets and consent forms, surveys, questionnaires or proposed interview or focus group questions.

**If your research involves a request for a collaboration or partnership, please complete Section 5.2.**

**If your research does not involve any further requests, please go to Section 6.**

### Requests relating to a research collaboration

#### Collaboration details

If you are aware, please identify how the project links with any other research or evaluation projects planned or currently being delivered by the NDIA?

| Click or tap here to enter text. |
| --- |

Have you spoken with any staff member within the NDIA about this project or application?

[ ]  No

[ ]  Yes. Please confirm who you have spoken with in the NDIA about this application. Please do not provide contact details for a person you have not had direct contact with.

| Name | Click or tap here to enter text. |
| --- | --- |
| Position | Click or tap here to enter text. |
| Branch/Group | Click or tap here to enter text. |
| Email | Click or tap here to enter text. |
| Phone | Click or tap here to enter text. |

Please provide a research plan with this application.

## Data handling

### Privacy issues

Are you requesting access to personal information, or data that could potentially identify individuals?

[ ]  No

[ ]  Yes. Please explain why this is necessary

| Click or tap here to enter text. |
| --- |

Will consent for access to this data be obtained?

☐ Yes. Please describe how consent will be obtained and provide all relevant consent forms with your application.

| Click or tap here to enter text. |
| --- |

☐ No. Please provide details as to why your access to the data is permitted under law, without consent.

| Click or tap here to enter text. |
| --- |

Are you requesting data about NDIS provider groups or other companies?

[ ]  No

[ ]  Yes. Please explain why this data is necessary.

| Click or tap here to enter text. |
| --- |

### Data analysis

What is your data analysis plan?

| Click or tap here to enter text. |
| --- |

### Data storage and cyber security

How will the data provided or generated as part of this request be stored? Please provide copies of any policies referred to in your response.

| Click or tap here to enter text. |
| --- |

Are you requesting access to unit record (individual level) data?

[ ]  No.

[ ]  Yes. Please provide evidence of compliance to the cyber security measures identified in [NDIS Cyber Security Standards](https://www.ndis.gov.au/community/research-and-evaluation/how-we-engage-researchers-and-disability-sector#engaging-with-the-ndis).

| Click or tap here to enter text. |
| --- |

### Data disposal

What is your plan for the safe and secure disposal of any data released, including backups and new data sets created incorporating the NDIS data?

Note: Destruction of data should comply with NDIS Cyber Security Standards.

| Click or tap here to enter text. |
| --- |

## Dissemination plan

How will the outputs of this project be shared, published or released? Please include details on:

* Publication type (e.g., conference, journal articles, technical reports, educational resource, etc.)
* Intended target audience
* Any sharing of raw or transformed data with other researchers or disclosure to a third party or the public

| Click or tap here to enter text. |
| --- |

## Conflicts of interest and risks

### Conflicts of interest

Please provide details of any actual, potential or perceived conflicts of interest relevant to the research (e.g., financial interests, preferential relationships, sponsorship, endorsements)

| Click or tap here to enter text. |
| --- |

### Risks

Please provide details of any potential risks for the NDIA, NDIS participants or other groups or entities, including any political or commercial risks

| Click or tap here to enter text. |
| --- |

## Endorsement of External Research Request

| **Certification by Chief Investigator/ Project lead** |
| --- |
| Tick the boxes below to indicate that you have read and understood each clause. I, the Chief investigator/Project lead certify that:[ ]  All information in this application is truthful and as complete as possible.[ ]  I am aware of and understand the relevant legislation and regulations (including [Cyber Security Standards](https://www.ndis.gov.au/community/research-and-evaluation/how-we-engage-researchers-and-disability-sector#engaging-with-the-ndis)) and will ensure that the project will be conducted in accordance with these.[ ]  The information provided for this project by the NDIA will be used only as outlined in this application.[ ]  Permission is granted for summary details of the project to be made publically available on a NDIS Public Register for reporting purposes. |

| Name of Chief investigator/project lead | Click or tap here to enter text. |
| --- | --- |
| Signature | Click or tap here to enter text. |
| Date | Click or tap here to enter text. |

### 9.1 Endorsement by Head of Department (HoD)/Head of Research (HoR)

**If the HoD/HoR is named as an investigator on this project, then an independent sign-off must be provided.**

I have read the application and confirm that this project: has been developed and will be conducted in accordance with relevant [*Insert name of institution e.g., University of New South Wales*] standards, policies and codes of practice; has research merit; has adequate resources and appropriate leadership/supervision.

| Name | Click or tap here to enter text. |
| --- | --- |
| Position | Click or tap here to enter text. |
| Signature | Click or tap here to enter text. |
| Date | Click or tap here to enter text. |